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Health and Social Care Scrutiny Committee

Date: **WEDNESDAY, 4 OCTOBER 2023**

Time: 11.00 am

Venue: **COMMITTEE ROOMS - 2ND FLOOR WEST WING, GUILDHALL**

Members:

Deputy Christopher Boden (Chairman)
David Sales (Deputy Chairman)
Michael Hudson
Andrew Mayer
Deborah Oliver
Deputy Alpa Raja

Enquiries: **Jayne Moore**
jayne.moore@cityoflondon.gov.uk

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Ian Thomas CBE
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES**

2. **MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**

3. **MINUTES**

To receive the minutes and notes of previous meetings.

a) Minutes of meeting of 18 January 2023 (Pages 5 - 10)

To approve the minutes of the meeting of 18 January 2023

For Decision

b) Note of inquorate meeting of 9 May 2023 (Pages 11 - 14)

To receive the notes of the inquorate meeting of 9 May 2023.

For Information

c) Minutes of meeting of 22 June 2023 (Pages 15 - 16)

To approve the minutes of the meeting of 22 June 2023.

For Decision

4. **WORKPLAN**

To review the Committee's workplan.

For Discussion
(Pages 17 - 18)

5. **ADULT SOCIAL CARE TRANSFORMATION PROGRAMME**

Report of the Executive Director of Community and Children's Services.

For Discussion
(Pages 19 - 46)

6. **CITY CARERS PRESENTATION**

City Carers to be heard.

For Discussion
(Pages 47 - 54)

7. **THE HEALTH AND WELLBEING OF THE CITY'S HIDDEN AND ESSENTIAL WORKERS**

Report of the Director of Public Health (City and Hackney).

For Discussion
(Pages 55 - 78)

8. **YOUNG PEOPLE'S CLINICAL HEALTH AND WELLBEING SERVICE**

Officers from City and Hackney Public Health to be heard.

For Discussion
(Verbal Report)

9. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

10. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

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HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE
Wednesday, 18 January 2023

Minutes of the meeting held at Guildhall at 11.00 am

Present

Members:
Deputy Christopher Boden (Chair)
David Sales (Deputy Chair)
Andrew Mayer
Steve Stevenson

In attendance:
Gail Beer (Chair of Healthwatch)

Officers:

Simon Cribbens	-	Assistant Director, Commissioning and Partnerships, Community and Children's Services
Kate Bygrave	-	Community and Children's Services
Ian Tweedie	-	Community and Children's Services
Nina Griffin	-	Director of Delivery, City and Hackney Place-based Partnership
Eeva Huoviala	-	Head of Public Engagement, City and Hackney Place-based Partnership)
Julie Mayer	-	Town Clerks

1. **APOLOGIES**
   There were no apologies.

2. **MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
   There were no declarations.

3. **MINUTES**
   RESOLVED, That – the public minutes of the meeting held on 30th November 2022 be agreed as a correct record.

   Matters arising
   The Committee noted that the Chair had asked a question at the last meeting of the Court of Common Council about opportunities for people with learning difficulties and/or autism.

4. **WORKPLAN**
   The Assistant Director, Commissioning and Partnerships, agreed to schedule a future agenda item in respect of virtual wards, following discussions with relevant colleagues.

5. **SERIOUS UNTOWARD INCIDENTS**

Members received a presentation from the Chair of Healthwatch, noting that it was from their perspective, and not the NHS. The Chair addressed the Committee, setting out her career background in holding health organisations to account and ensuring the patient safety. The presentation sought to assist the Committee in making proportionate representations in the following areas:

- Local and Strategic Management
- Patient Safety Incident Response Framework (PSIRF) – Implementation August 2023
- Categorising Incidents
- Near Events
- Serious Incidents and Investigations
- Clinical and Non-clinical incidents
- Thematic Causes of Failure
- What should we be encouraging and what should we be looking for

During the discussion and questions, the following points were noted:

1. An operational culture in skipping a step in procedures, for example, could migrate to a wider policy failure. Leadership would then be monitored by the ICS and possibly the Board. In more severe cases, CQC or NHS England might also produce a report.

2. There is a concern in that imposing fines might discourage transparency but the organisation would still come under considerable scrutiny and its leadership held accountable. A serious incident is often multi-faceted and would also be brought to the attention of the Secretary of State. However, many litigation claims are settled by the NHS, on account of their full transparency.

3. A Member shared anecdotes of incidents whereby patients had not been fed regularly, or there had been unacceptable delays in administering intravenous lines. The Chair of Healthwatch advised that the greatest reporter of incidents are the nursing staff. Healthwatch recently undertook a spot check, including those areas which had little or no reports of these incidents.

4. Early discharge is likely to be a worthwhile area to consider in terms of virtual wards, as suggested under the workplan item above.

5. A report would be made to the Health and Safety Executive, and possibly to RIDDOR, in the event of an equipment failure resulting in injury or death. An instrument left in after surgery would be categorised as a ‘never event’ and reportable to the Secretary of State. ‘Near misses’ often involved medications.

6. The Chair of Healthwatch receives ambulance statistics daily and the City performs well in this area. However, this Committee should still challenge and seek improvements, where possible.

7. The officers agreed to arrange for the ICB's Quality and Safety Team to present to a future meeting in respect of reporting 'never events'. Although Primary Care is not obligatory in this report, the Committee can still ask the ICB how they seek assurance.

6. **ADULT SOCIAL CARE REVIEW OF EARLY INTERVENTION PILOT**

The Committee received a report of the Interim Executive Director, Community and Children's Services, in respect of a pilot early intervention programme, developed by the City of London Corporation's Adult Social Care Team. Members noted that the pilot allowed Adult Social Care staff to access funds for one-off purchases, to improve the wellbeing of service users. Members noted an error in the report whereby of the 26 people supported during the pilot, 16 (and not 18) were not receiving a costed adult social care service.

A Member advised that a number of the City's churches have access to small funds for vulnerable residents, which could be used to buy curtains, for example. The officers advised that such funding was accessible, and the most vulnerable residents are known to social workers.

The officer advised that, since March 2022 there had been more interventions, mainly linked to the cost of living crisis. However, recent changes in the Care Sector had resulted in less need for approvals. For example, the Rough Sleeping designated Social Worker has their own budget. The Chair welcomed this progress, noting how a small amount can have a considerable impact on the lives of some individuals. In concluding, the Chair congratulated the team on a progressive and successful pilot.

RESOLVED, that – the report be noted.

7. **CITY AND HACKNEY PLACE-BASED PARTNERSHIP RESIDENT INVOLVEMENT**

The Committee received a report of the Director of Delivery, City and Hackney Place-based Partnership, which provided an update on resident involvement within the City and Hackney Place-based Partnership, with particular focus on how the Partnership seeks to involve City of London residents.

During the discussion on this item, the following points were noted:

1. The Chair welcomed the reference to Portsoken, as this accounts for 1/5th of the City's population. However, under the former CCG, there had been challenges in engaging with this community, due to boundary restrictions.

2. From current data, there appears to be considerable disparity in health outcomes between Portsoken residents and the rest of the City.

3. It was accepted that resident participation can be low amongst the working population. Officers agreed to look at a possible communications campaign and work with the Committee in seeking to improve this. Members noted the good work in the City and Hackney under 'together better'; a project which brings patient volunteers GPs to run community groups. It was noted that it is preferable to expand on those areas which already have community engagement.

4. Under current legislation, the Community and Children's Services Department are required to consult regularly with service users. A lot of Ward Members are also City residents, who can share insight.

5. If residents have concerns, they can go direct to the healthcare provider; i.e. the Neaman Practice and Barts receive comments and complaints. Service users can also approach the ICB and Healthwatch. Members noted that the Neaman had improved its reception service, and both Barts and the Neaman had improved their elective referrals processes following such interventions. Social media is also monitored regularly.

6. Individuals in less deprived areas are the most likely to complain, even if the complaints are relatively minor. However, the reverse often applies in the more deprived areas. Officers were encouraged to approach the Portsoken Ward Members to help with resident engagement. Members noted that there is a Healthwatch Office in the new Portsoken Community Centre, which hosts regular community groups.

7. Whilst the NHS is commissioned to provide services to local residents, rather than the working population, there have been initiatives to support City workers; i.e. vaccination clinics, blood tests and mental health services, which do not require time off work. The Committee can work with the NHS to widen this offer and Ward Newsletters are a good means of communication.

8. Organisations such as 'We-Work' could be another pathway to reaching self-employed City workers.

RESOLVED, that – the report be noted.

8. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**
There were no questions.

9. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
There was no other business.

10. **EXCLUSION OF THE PUBLIC**
RESOLVED – That, under Section 100A of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that the involve the likely disclosure of exempt information as defined in Part 1 of Schedule 12A of the Local Government Act.

Item Nos.	Exempt Paragraph(s)
-	-

11. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**
    There were no questions.

12. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**
    During the discussion on this item, the following points were noted:

Chairman

Contact Officer: julie.mayer@cityoflondon.gov.uk

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HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE
Tuesday, 9 May 2023

Note of inquorate meeting of the Health and Social Care Scrutiny Committee held at Committee Rooms, West Wing, Guildhall on Tuesday, 9 May 2023 at 11.00 am

Present

Members:
Deputy Christopher Boden
Michael Hudson
Andrew Mayer

Officers:

Simon Cribbens	-	Community and Children's Services Department
Hannah Dobbin	-	Community and Children's Services Department
Ellie Ward	-	Community and Children's Services Department
Theresa Shortland	-	Community and Children's Services Department
Ben Dunleavy	-	Town Clerk's Department

Also in attendance

Sophie Green	-	City and Hackney Neighbourhoods
Mercedes O'Garro	-	Neaman Practice

1. **APOLOGIES**
   Apologies were received from Deborah Oliver and David Sales.

   As there were only two Members present five minutes after the start of the meeting, the meeting was inquorate and continued as an informal meeting.

2. **MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
   There were no declarations.

3. **ORDER OF THE COURT OF COMMON COUNCIL**
   Members noted the Order of the Court of Common Council dated 27 April 2023, appointing the Committee and setting out its terms of reference.

4. **MINUTES**
   Members noted the minutes of the meeting held on 18 January 2023.

5. **WORKPLAN**
   Members received the Committee's workplan.

Members suggested that future inclusions for the workplan, including mortality rates and City worker access to health services.

6. **UPDATE ON NEAMAN PRACTICE IMPROVEMENT PLAN**

Members received a presentation providing an update on the Neaman Practices improvement plan.

The following points were discussed following the presentation:

- Members asked staff from the Neaman Practice to work on increasing the number patients participating in patient group meetings. In reply, the Neaman Practice said that they had reached out to local community centres. The City Healthwatch Representative requested that the Neaman Practice keep City Healthwatch and the Committee informed of the levels of extra attendees.
- About 2% of staff at the Neaman Practice were new. There were three full-time doctor posts and six doctors working at the practice overall.
- Members noted that reviews for the Practice on Google were improving, and asked for further information on the historic low ratings. The Neaman Practice said that these generally concerned access and telephone waiting times. They had rearranged the staffing og phonelines at peak hours to address this issue.
- The Chairman asked for further information on the smear test data. The Neaman Practice undertook to circulate this to Members following the meeting.

7. **ADULT SOCIAL CARE INSPECTION FRAMEWORK - CARE QUALITY COMMISSION (CQC)**

Members received a report of the Executive Director, Community and Children's Services, concerning the Adult Social Care Inspection Framework.

The Chair asked officers if it was accurate to say that while the City of London Corporation was the smallest responsible authority in the country providing adult social care, it possibly spent more than any other with a resulting higher level of service per person. In reply, officers confirmed that the City Corporation was the smallest authority providing this service. It operated in a very different context to other population areas, being surrounded by densely populated London boroughs and several hospitals. It placed relatively few people in permanent social care, and just a couple of cases with more complex needs could inflate costs. The City's population had a longer than average life expectancy, and the City Corporation's strategic aim was to care for people in their homes where possible. It also benefitted from a smaller number of caseloads per social worker.

The Chair remarked on the granularity of data for the City of London and the social discrepancy that it highlighted. Officers replied that it was important to have as much information as possible. They were looking at ways to improve

their engagement and service. The small client base allowed social workers to get to know clients well.

A Member asked for further information on late hospital discharges. Officers replied that the delivery of hospital discharges had changed because of the pandemic.

A Member asked how CQC would exercise the new powers it was being give. In reply, officers said that the CQC was beginning activity and undertaking pilots, though the City of London was not involved at this stage.

A Member asked the extent to which the higher expenditure on social care resulted from the small number of patients leading to higher admin costs. Officers replied that costs predominantly related to delivery staff.

In reply to a question from a Member on funding arrangements, officers confirmed that funds were in place but that there may be a need to consider alternative projects. The inspection would not have an impact on the core budget.

8. **SPECIAL EDUCATION NEEDS AND DISABILITY INSPECTION**

Members received a report of the Executive Director, Community and Children's Services concerning special education needs and disability inspections.

The Chair asked for further information regarding the children with special education needs and disability under the City Corporation's remit, and how many assessments were conducted in a year. In reply, officers said that there were currently 22 individuals, an increase from the numbers following the previous inspection. The nature of needs had changed; there had previously been large numbers of boys on the autistic spectrum but referrals since the Covid-19 pandemic and become more complex, with more girls being referred and a greater connection to mental health. The Chair expressed his concern about the increase in numbers, with officers replying that these followed trends seen elsewhere.

A Member asked officers to clarify the coverage of the inspection. In reply, officers said children or young people with an education health and care plan were the responsibility of the local authority where they resided. All 22 of those on the City's plan list resided in the City of London. Officers were working to monitor the quality of education that children on SEN support received who were educated outside the City and help provide information about what additional support they could access. Officers worked closely with the City's independent schools, and had a responsibility to monitor school attendance.

The Chair asked if the City Corporation faced similar problems to other local authorities when it come to block allocation. In reply, officers said that due to the small numbers of affected persons, the City Corporation was technically not part of the same funding formula as other local authorities.

9. **ANTICIPATORY / PROACTIVE CARE**

Members received an oral update from officers from City and Hackney Neighbourhoods concerning anticipatory and proactive care.

A Member asked when patients started to get involved with the scheme. Officers replied that the pathway had started a couple of months prior to the meeting, with residents being contacted at the time of meeting. Residents would be consulted on their care preferences.

The Chairman asked how trips and falls were monitored, with particular reference to the Otago system, and if medication was prescribed. In reply, officers said that Otago was an evidence-based falls programme which provided structured falls education and training with an aim to reducing falls. A pilot held in Springfield Park had shown that many patients had lost confidence during the pandemic, resulting in an aim to introduce a programme to build confidence through home-based interventions. Officers could go access prescription for patients but wanted to use non-medical interventions in the first instance.

Officers confirmed that outcome measurements would be formalised over the coming months.

10. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

There were no questions.

11. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

Officers provided Members with an update on items to be included for the meeting in October, which would include virtual wards and Adult CEF.

The meeting ended at 12.53.

Chairman

Contact Officer: Ben Dunleavy

ben.dunleavy@**cityoflondon.gov.uk**

HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE
Thursday, 22 June 2023

Minutes of the meeting of the Health and Social Care Scrutiny Committee held in the Aldermens' Courtroom - Mezzanine West Wing, Guildhall on Thursday, 22 June 2023 at 11.00 am

Present

Members:
Deputy Christopher Boden
Michael Hudson
Andrew Mayer
Alpa Raja
David Sales

Officers:
Ben Dunleavy - Town Clerk's Department

1. **APOLOGIES**
Deborah Oliver observed the meeting virtually.

2. **MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
There were no declarations.

3. **ORDER OF THE COURT OF COMMON COUNCIL**
The Committee received the Order of the Court of Common Council of Thursday 27 April 2023, appointing the Committee and approving its Terms of Reference.

4. **ELECTION OF CHAIR**
The Committee proceeded to elect a Chairman in accordance with Standing Order No. 29. Deputy Christopher Boden, being the only Member expressing willingness to serve, was duly elected Chairman for the ensuing year.

5. **ELECTION OF DEPUTY CHAIR**
The Committee proceeded to elect a Deputy Chairman in accordance with Standing Order No.30. David Sales, being the only Member who expressed a willingness to serve, was duly elected as Deputy Chairman of the Committee for the ensuing year.

6. **APPOINTMENT OF INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE REPRESENTATIVE(S)**
The Committee proceeded to appoint a representative to the Inner North East London Joint Health Overview and Scrutiny Committee.

The Deputy Chairman was duly appointed as the representative, with Michael Hudson appointed to serve as a seconder.

7. **CO-OPTION OF A HEALTHWATCH CITY OF LONDON REPRESENTATIVE**
The Committee proceeded to co-opt a Member from Healthwatch City of London. Steve Stevenson was duly co-opted as the representative for the ensuing year.

8. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**
The Chair informed the Committee that he had received notice of a question from Deborah Oliver regarding issues affecting the London taxicard scheme, with residents and carers facing delays in receiving taxicards and accessing pre-booked taxis. She asked how the matter could be escalated.

The Town Clerk undertook to forward the issue to relevant officers.

9. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
There was no other business.

The meeting ended at 11.07 am

Chairman

Contact Officer: Ben Dunleavy

ben.dunleavy@**cityoflondon.gov.uk**

Health and Social Care Scrutiny Committee workplan

Topic	Suggested meeting
Virtual Wards	Early 2024
SEND and Adult Social Care SEFs	Early 2024
Homerton mother and baby unit mortality	
Access to health services for workers	
Never events	
Neighbourhood evaluations	Summer 2024
System Priorities for health and social care	
Community Drugs Partnership	
Policing of drug use	
Health Support for Unaccompanied Asylum-Seeking Children	
Direct Payments	
Dementia Services	
Neaman practice update (follow-up to May 2023 meeting)	
NHS NEL Forward Plan	
Health and Wellbeing Network	

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Committees: Health and Social Care Scrutiny Committee	**Dated:** 11/09/2023
Subject: Adult Social Care Transformation Programme	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	**1,2,3**
Does this proposal require extra revenue and/or capital spending?	**N**
If so, how much?	**N/A**
What is the source of Funding?	**Better Care Fund**
Has this Funding Source been agreed with the Chamberlain's Department?	**N/A**
Report of: Judith Finlay, Executive Director of Community and Children's Services	**For Discussion**
Report author: Emma Masters, Transformation Programme Manager, Adult Social Care	

Summary

Further to our paper outlining the impacts and response to the Adult Social Care Inspection Framework, this report aims to provide information on the wider Adult Social Transformation Programme delivery, which was incepted to respond to the pressures of Health and Social Care Reform.

This report provides detail, requested by members of this committee, on the cost associated with the transformation programme.

Recommendation

Members are asked to:

- Note the report.

Main Report

Background

1. In December 2021, the government announced its commitment to reforming adult social care across the whole of England, publishing a white paper 'People at the Heart of Care: adult social care reform'. The paper outlines a 10-year vision setting out the long-term aspirations for how people will experience care and support. This has a particular focus on three key objectives:
   - How we will support people to have choice, control, and independence.
   - How we will provide an outstanding quality of care.
   - How we will ensure that care is provided in a way that is fair and accessible to everyone who needs it.

2. The ‘People at the Heart of Care: adult social care reform’ white paper acknowledges that there is “an abundance of good practice, aspiration, and legislation that provides strong foundations for our 10-year vision”. Specific reference is made to the Care Act 2014 and its importance as a foundation for reforms, whilst recognising that “the full spirit of the Care Act is not currently being met”. The white paper stated that the Health and Social Care Act (2022), and the reforms in the white paper itself, will “seek to rectify this”.

3. In March 2022, the Association of Directors of Adult Social Services (ADASS) published a reform timetable highlighting extensive pressure on local authorities to deliver legislative requirements over the next 3 years, with delivery directly impacting grant funding compliance. Immediate action was required to comply with the delivery requirements set out for 2022-23 and to prepare for substantial change projects due for delivery in 2023-24, requiring significant change to IT systems and process.

4. Our ability to outline and implement change to meet the vast reform requirements were impacted by resource capacity; with a substantial risk to service delivery without additional resource to support, due to the departments size and ability to absorb the additional delivery demand. Our preparedness to respond raised reputational, operational, financial, and compliance risks.

5. In May 2022, in response to the DHSC’s requirement to deliver a transformation of adult social care, the Departments Leadership Team (DLT) approved the inception of the adult social care Transformation Programme along with the associated cost. DLT recognised the significant impact that reform has to our current ways of working, and that change programmes are reliant on additional staffing and/or commissioned delivery to mitigate against the risk of non-compliance, as well as reducing impact to protect our frontline service delivery.

6. The impact of reform requires (as a minimum), revision, updating and implementation of new policies, procedures, system recording and reporting systems, financial analysis and monitoring, market shaping, practice change and development; adapting ways of working with a view to strengthening our position to meet the future pressures reform brings in the next 10 years. The programme approach seeks to find efficiency to support the department to absorb growing service demand and complexity amongst our service users and provider market pressures, delivering a far wider reaching programme of improvement in service delivery.

Current Position

7. The delivery of the programme has been impacted by several delays from government. Progress towards delivery of individual projects were started and resourced in 2022 to meet the immediate delivery deadlines, with delays announced impacting delivery requirements, and new conditions set out for redistributed funding. During this period of delay, the programme activity adapted to the changing deliverables set out by government.

8. In November 2022, the Autumn Statement confirmed a two-year delay to the legislative framework for a cap on care costs (Care Act 2014) which planned to introduce a new

£86,000 cap on the amount anyone in England will need to spend on their personal care over their lifetime. Preparing for the implementation of a 'care account' from October 2023, project delivery had commenced to meet the increase in demand for additional assessments, with a requirement for local authorities to upgrade IT systems to record and maintain care accounts.

9. The findings from the project planning stages for the opening of a 'care account' has been taken forward into the programme delivery objectives to improve City's position in terms of system capability and to future proof our position.

10. The government set out to understand as well as underpin the provider marketplace in their Fair Cost of Care and Market Sustainability plans, seeking to address the pressures the pandemic had on the provider market as a whole, to stabilise the market for the future needs of reform. The government requires local authorities to start building strong foundations, preparing markets for wider charging reform, thereby increasing market sustainability. The programme has met the in-year return conditions, securing our funding position for provider increases by providing data reporting on City's demand projections and producing our Market Sustainability Plan (MSP), which outlines our short medium and long term plans. The programme will support the delivery of the short-term MSP project activity.

11. Already delayed from going live in October 2020 due to the impact of the pandemic, the delivery of Liberty Protection Safeguards (LPS) was expected to go live in April 2023, according to planned government timescales. On 5th April 2023, LPS was delayed 'beyond the life of this Parliament'.

12. From 1 April 2022, the government published Hospital discharge and community support guidance requiring systems to adopt discharge processes that best meet the needs of the local population. It outlined a need to continue the work of pandemic approach to hospital discharge, with a home first model and continuing the strategy to free up pressures on hospital beds. The programme has delivered and embedded a City of London focussed hospital discharge model.

13. The Health and Care Act 2022 gave new powers to the Care Quality Commission (CQC) to provide independent assessment of adult social care at a local authority level. A project commenced to produce an adult social care self-assessment, evidence and build ongoing infrastructure to meet the CQC Framework, with delays in the framework publication impacting on our ability to move at pace. In April 2023, the framework was published, with work underway to assure City's position in this area.

14. In June 2023, we commissioned a peer review via the Local Government Association (LGA), to provide additional input into and scrutiny of our Adult Social Care self-assessment and inspection readiness. The outcome supported the enhancement of our preparation and tools to be CQC inspection ready for late 2023. (see appendix A for the LGA Peer Challenge Report).

15. With pressures on health and social care service delivery over the next 10 years, the increased demand from government for enhanced data reporting; (hospital discharge, client level data, changes to equalities data, prevention, impact of fair cost of care,

market sustainability, integration and digital) means adult social care need to future proof its resources, working in a leaner and smarter way to absorb the impact of such a large change programme.

16. Improvements have been identified and projects underway to amplify our use of systems and recording, using system tools and improved process to improve data capability and intelligence, improve wastage in process duplication and reduce single points of failure within our small infrastructure. By streamlining and improving current ways of working to absorb the impact of change on frontline resources, we aim to minimise the long-term growth in spend.

17. A resourced programme of work was agreed by DLT, governed by a transformation board and chaired by the Executive Director of Community and Children's Services. In addition to the resource commitment required from senior leaders and management across departmental services, dedicated project roles and specialisms were identified to underpin the programme and assure its delivery capability.

18. Given the need to respond rapidly, together with lengthy recruitment timelines for fixed term contracts, DLT agreed that the dedicated project roles could be resourced with agency staff, to fill the necessary programme skilled roles quickly and efficiently. In 22-23 a Programme Manager provided the programme start up with a Project Officer role offering existing staff opportunity to apply. As projects have developed within the programme (with some subsequently changing or ceasing), we identified the requirement for specialist skilled roles. With reform impacting local authorities nationally, the market demand for specialist skills has risen, impacting on our ability to fill roles via contracts, with agency rates impacting our competitiveness to attract the right skills required for delivery. Further agency workers have been engaged to deliver specific pieces of timebound work. With the fluctuating messaging and last-minute announcement from government to date, the programme's temporary resourcing ability has supported quick response to changes.

19. Our programme delivery and progress to date has been outlined in appendix B.

Programme Funding

20. Although the government sighted an injection of funding to support the sector to deliver on the reform initiatives, specific funding announcements along with their conditions were not understood prior to programme start up. In May 2022, DLT agreed that the Transformation Programme Board would be resourced from the external Improved Better Care Fund (iBCF) in the first instance, due to the absence of direct funding announcements at that time.

21. The programme aims to deliver all identified change projects this year (see appendix B), embedding leaner improved system tools and processes, which in turn seek to improve our recording and reporting capability, produce the adult social care self-assessment and embedded CQC inspection governance structure, a market sustainability plan and start-up of market stabilisation projects, project learning and tools for LPS and care account for reference after 2025. with handover planned early 2024-25 for in service delivery.

22. **Financial implications**: The associated programme delivery costs are forecast £663k over a 3-year period and will be met via external iBCF grant funding in the first instance.
    - In year 2, the programme costs are supplemented by the external Care Cap implementation support grant (£133k). This is a non-ringfenced contribution towards local authorities to implement charging reform, recognising the investment requirement by local authorities to meet new system, process and policy requirements.
    - In year 3, the programme activity will deliver its objectives and hand over the change activity to business as usual. Beyond this delivery, further needs and costs associated to the government's 10-year plan will be considered in year 3.
    - Breakdown of programme cost, and resources are set out below:

Year	Programme resources	Programme Cost
22-23	Programme Manager Project Officer Business Analyst System Specialist	£206k (actuals)
23-24	Programme Manager Project Officer System Specialist Performance Specialist Policy Specialist	£457k (forecast)
24-25	Business As Usual delivery	£0 (no additional cost)

The iBCF grant conditions allows spend on adult social care need and must meet the test of additionality. This can include reducing planned service cuts or maintaining existing services, as well as on new provision.

It is important to note that, in addition to the programme costs and delivery, further grant funding allocated by government to support reform initiatives to date (and that outlined for 24-25) has been, and will be, distributed as directed. Grants have been distributed to support frontline service delivery for our residents in terms of hospital discharge and seasonal pressures, stabilisation of the provider market to meet pressures impacted by significant increases to national living wage together with energy and interest rate costs, with our Better Care plans and delivery supporting prevention and early intervention service delivery.

23. **Resource implications**:
    none

24. **Legal implications:** This is a legislative change for Adult Social Care service delivery. The City of London will need to ensure that there is legislative compliance.

25. **Risk implications:**
    The programme is in place to mitigate the following identified risk reform brings:
    - Pressure on already stretched service delivery, risking City's reputation and possible increase in complaints.

- Service delivery activity will take priority over programme delivery to ensure current operational obligations are met; Risk that DHSC deadlines cannot be met, resulting in non-compliance.
- Financial implications are not understood, with possible missed opportunities to bid for funding and risk to already stretched budgets.
- Lack of focused expertise to make informed decisions, increasing operational and compliance risks.
- Disjoint to ways of working. Segmented silo working producing inefficiency and wasted resources. Impacting operations and potentially spend.
- Projects will require resource input from across the service areas. The addition of programme resources will greatly reduce the impact on operational business as usual, although not entirely.

26. **Equalities implications**: The Government has conducted Equalities Impact Assessments on all reform initiatives.

27. **Climate implications**: N/A

28. **Security implications:** N/A

Conclusion

29. The programme and subsequent costs have reduced the risk of non-compliance and loss of grant income with frontline resources unable to meet the reform requirement to ensure delivery of key services.

30. The programme has enabled a system wide approach to change, to ensure our structures, resources and future pressures can be met past the life cycle of the programme.

Appendices
Appendix A - Peer Challenge Report
Appendix B - Programme Delivery

Background Papers
- People at the Heart of Care: adult social care reform
- Care Act 2014
- Health and Social Care Act
- Care Account
- Fair Cost of Care and Market Sustainability
- Market Sustainability Plan
- Hospital discharge and community support guidance

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City of London Corporation Adult Social Care Preparation for Assurance **Peer Challenge Report**

June 2023

Final

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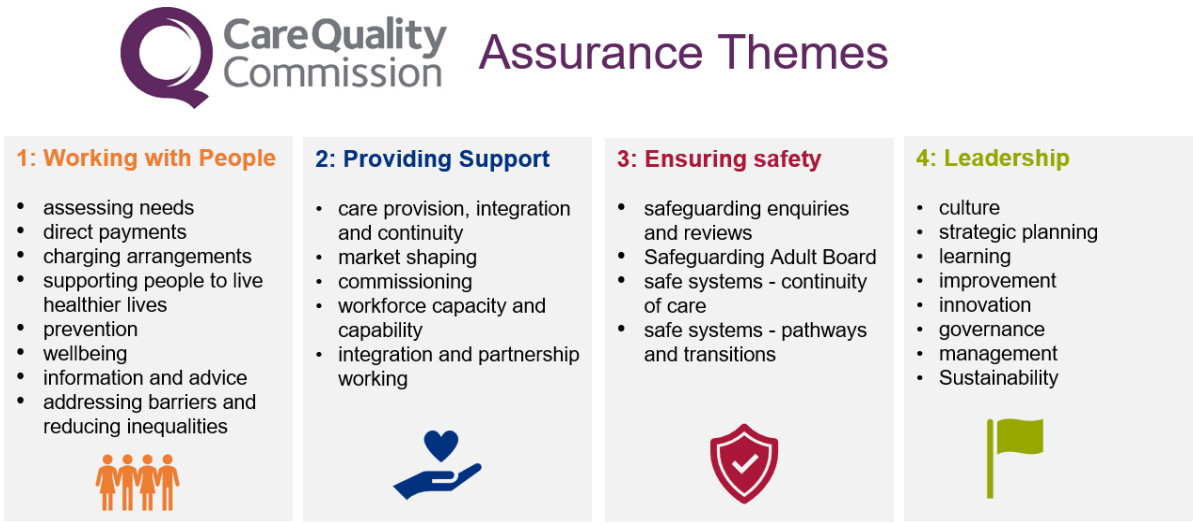
Report
Background

1. City of London Corporation (CoL) requested that the Local Government Association undertake an Adult Social Care Preparation for Assurance Peer Challenge at the CoL. The work was commissioned by Ellie Ward, Head of Strategy and Performance at the City of London Corporation to get an external view on the readiness of the adult social care service for the arrival of the Care Quality Commission's assurance inspections.
2. A peer challenge is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. The peer challenge is not an inspection. Instead it offers a supportive approach, undertaken by friends – albeit 'critical friends' – with no surprises. All information is collected on a non-attributable basis in order to promote an open and honest dialogue and feedback from the team of peers is given in good faith.
3. Prior to the onsite peer challenge work, the adult social care service completed a self-assessment about the work of the service. At the conclusion of the onsite work, the peer challenge team arrived at their feedback after triangulating what they read, heard and saw, to say what needed to be said, whilst being mindful of the multiple audiences in the work of the department.
4. The members of the peer challenge team were:
    - **Jeremy De Souza**, Director of Adult Social Care and Public Health, Joint post - London Borough of Richmond upon Thames and Wandsworth Borough Council
    - **Tessa Hodgson**, Cabinet Member for Social Care, Pembrokeshire County Council
    - **Michelle Andrews**, Assistant Director, Integrated Care System, Corporate Services/Adult Care and Community Wellbeing, Lincolnshire County Council
    - **June Morley**, Head of Service, Adult Social Care, Leicester City Council
    - **Amardeep Grewal**, Interim Assistant Director Mental Health, Learning Disability and Autism, Principal Social Worker, Adult Social Care, Telford & Wrekin Council
    - **Marcus Coulson**, Challenge Manager, Local Government Association.

5. The team were onsite between 13th -14th June 2023. The programme included activities designed to enable members of the team to meet and talk to a range of internal and external stakeholders. These activities included:
    - interviews and discussions with councillors, officers and partners
    - meetings with managers, practitioners and frontline staff.
    - reading documents provided by the CoL, including a self-assessment and a range of other material, consideration of different data and completion of a case file audit.

6. The framework the peer team used was that of the Care Quality Commission's proposed four assurance themes for the up-coming adult social care inspection regime. They are:



7. The peer challenge team would like to thank elected members, staff, partners and providers for their open and constructive responses during the challenge process. All information was collected on a non-attributable basis. The team was made very welcome and would in particular like to thank Judith Finlay, Executive Director; Chris Pelham, Assistant Director, People; Simon Cribbens, Assistant Director Commissioning & Partnerships; Ian Tweedie, Head of Adult Social Care; Ellie Ward, Head of Strategy and Performance; Emma Masters, Programme Manager, Department of Community & Children's Services; Hasna Begum, Project Support Officer, Adult Social Care Transformation Programme for their invaluable assistance for the support to the peer team, both prior to and whilst onsite, in planning and undertaking this peer challenge, which was very well planned and delivered.
8. Throughout the peer challenge the team had more than eighteen meetings with over twenty-six different people from adult social care and partners. The peer challenge team have spent over 147 hours with City of London Corporation and its documentation, the equivalent of twenty-one working days.
9. Our feedback to the CoL on the last day of the challenge gave an overview of the key messages. This report builds on the initial findings and gives a detailed account of the peer challenge.

Key Messages

- The unique nature of CoL means it is delivering the full range of ASC statutory duties with a small workforce
- Managers work flexibly and wear many different “hats”
- ASC is well resourced – the social care precept has been applied to CoL Council Tax and ASC budgets have been protected
- There is strong elected Member support for ASC, high ratio of members to residents creating strong links to their communities
- Recent appointment of the Exec Director provides an opportunity to pause, reflect and develop new vision and ambition for ASC – with a short window to capitalise on the energy created by the new appointment
- There is a clear commitment to strengths-based practice
- Positive impact of the place-based partnership creates a voice for the CoL within the Integrated Care System landscape
- In preparing for CQC assurance, we encourage you to be able to have a clearly evidenced narrative at all levels of the workforce that focuses on:
    - Strengths-based practice
    - Co-production
    - Lived experience
    - Equality, Diversity and Inclusion

10. The City of London Corporation is a unique organisation. Its creation predates Parliament which leads to a distinctive relationship with the United Kingdom’s legal framework. However, it is subject to the relevant statutes, meaning it is delivering the full range of adult social care statutory duties. There are 8,600 residents who live in the Square Mile, 14% of whom are aged sixty-five or over. There is high life expectancy in the City of London and this, coupled with the high number of rough sleepers in the City of London, create the key drivers of demand for health and social care support. The CoL addresses the needs of local people with a small workforce. As a result, many managers work flexibly and wear many different “hats” to enable the organisation to deal with demand in different areas, both by local people and organisations.
11. The adult social care department is well resourced, demonstrated by the fact that the social care precept has been applied to CoL Council Tax, and budgets in the department have been protected.
12. There is evident, strong elected member support for adult social care with frequent scheduled meetings to discuss departmental progress on a range of relevant issues, and a high ratio of members to residents creating strong links to their local communities.
13. The recent appointment of Judith Finlay as Executive Director provides an opportunity to pause, reflect and develop a new vision and ambition for adult

social care, and there is a short window to capitalise on the energy created by this new appointment.

14. It is evident from the policies and practice of the department that there is a clear commitment to strengths-based practice for frontline staff and there has been a positive impact of the place-based partnership, creating a voice for the CoL within the wider Integrated Care System landscape.
15. In order to prepare fully for Care Quality Commission assurance we encourage CoL to be able to have a clearly evidenced narrative at all levels of the adult social care workforce. The narrative should focus on the outcomes and achievements of the approach to strengths-based practice, with examples of how co-production has been used to deliver personalised services and strategies. It should clearly show how the lived experience of local people is understood and recorded and done so in a way that demonstrates how equality, diversity and inclusion is embedded in the CoL's ASC service operations.

Case file audit

Strengths

- There is a lot of information in the case files, including detailed notes. The management of risk, safeguarding, Mental Capacity Act, etc., are recorded, updated and evidence the presence of experience, and professionalism. In most files audited there is evidence of a positive conversation with individuals, an understanding of their lives, good relationships, and a caring attitude. There is evidence that the system has been set up to support a strengths-based approach, and it asks questions about 'living your best life' with other examples, such as 'What are your strengths?'

For consideration

- To improve this work, the strengths-based approach needs to be prioritised throughout the assessment and support planning process. The use of 'I' statements, using the person's own words could be used throughout their record to capture their full experience and incorporated into a business as usual approach. The service may wish to consider co-producing the assessment forms and be mindful of the language being used to describe need and risks e.g. avoiding professionalised language which may detract from the user voice coming through in case recording.

  The full case file audit is attached as Appendix 1 at the end of this report.

1 Working with People

This relates to assessing needs (including that of unpaid carers), supporting people to live healthier lives, prevention, well-being, and information and advice.

Strengths

- Manageable case loads support relationship-based practice, which staff see as a benefit of working here
- Strong arrangements in place to support hospital discharge, recognising added complexity of working with hospitals outside the City area
- You have an experienced and knowledgeable workforce who know your residents well and develop positive relationships
- A strong commitment to strengths-based practice
- A co-ordinated, multi-agency approach to the assessment and support of residents
- Readiness for new national requirement for client level data (testing planned for July)
- Single case recording system across children's and adults
- Departmental oversight of all data and performance across adults, children's and housing services
- There is good awareness of the needs of local communities e.g., homelessness, deprivation and affluence
- New PSW role is a strength to drive practice improvement

16. The adult social care service has a clearly articulated desire to ensure frontline staff have manageable caseloads. It recognises that this approach supports relationship-based practice, which the staff see as a benefit of working here. Consequently the CoL has an experienced and knowledgeable workforce who know local residents well and develop positive relationships.
17. The peer team heard evidence to support the data that there are effective arrangements in place to support hospital discharge, directed by a member of staff who manages this very well. There is a recognition of the added complexity of working with hospitals outside the City, as a number of hospitals in surrounding areas serve the City's residents.
18. There is a co-ordinated, multi-agency approach to the assessment and support of residents. Practitioners liaise with a number of health providers adjacent to CoL and further afield. They navigate those providers well, considering there are not established multi-agency processes in place for all these providers.
19. Central government has created a new national requirement for client level data (there is testing planned for July) and the service demonstrated that it was ready for this. This will further support the consideration needed to continually provide evidence to support performance management and future planning of services.

20. There is a single case recording system across children's and adults services, and the use of the Mosaic system allows for transitions to be managed safely and effectively, as the information is available to both teams and support staff who manage and oversee the cases. This allows a person's story to be told once, without the need for repetition by that person. The Mosaic system also supports practitioners to have access to all relevant information for the individual, their families and carers, to support planning, risk management and planning into adulthood.
21. Because of the small size and scale of the CoL there is departmental oversight of all data and performance across adults, children's and housing services. There is awareness of the needs of local communities with relation to local homelessness and levels of deprivation and affluence within the square mile.
22. There is an experienced individual in post, in the newly created Principal Social Worker (PSW) role, who understands the importance of quality frontline service delivery. This is a strength for the department and will facilitate the drive for improved practice. The small size of the workforce has enabled the PSW to embed herself within the service and start an impactful programme of training and reflective practice conversations with practitioners.

For Consideration

- Revisit the implementation of strengths-based practice across disciplines
- Continue your work to improve timeliness and impact of reviews
- You recognise the need to capture and record equalities data more effectively and use this to shape services
- Consider revising your assessment and support planning forms through co-production, focussing on strengths-based language and use of I and We Statements.
- Consider the impact of prevention services, in the context of an ageing population and potential future service demand
- Further develop Mosaic workflows to support the business
- You recognised the need to continue training front-line staff to improve data quality within Mosaic and remove the dependency on manual processes
- Consider the roles, responsibilities and functions across the workforce to reduce hand-offs, recognising challenges in recruiting

23. The peer challenge team recognise the CoL's commitment to the idea of a strengths-based practice approach for frontline staff. We recommend that you might want to revisit the implementation of this across the disciplines of adult social care. The reason for this is that, whilst staff were able to describe thoughtful and informed practice with people, it was not always evident that this was being delivered or recorded, in such as way to confirm this approach. The voice of the person was not always apparent as a golden thread throughout practice. The service recognises that the principles of a strengths-based

approach were introduced in 2022 and therefore this is still in the early stages of being fully embedded within front line practice.

24. The peer team recommend that there is further engagement with staff to support their understanding of strengths-based practice, how its applied, and importantly, how it is evidenced with the person in their records. A greater focus on reflective practice using the case audit process could enable more effective feedback to staff and better support front line teams and their managers to ensure the practice reflects a strengths-based approach at all times.
25. The adult social care department appreciates that there is further work to do to improve the timeliness and impact of reviews and has begun this process. The peer team recommend you continue with this work, and ensure strengths-based reviews which ask the question, “What is the impact of the care and support being delivered to the person?”.
26. It is also recognised by the department that there is the need to capture and record equalities data more effectively and use this to shape services through effective feedback loops. The Integrated Care Board (ICB) were aware of the disparity of need for CoL residents (within the North East London ICB). Improved data, inclusive of equalities data, that is disaggregated to draw out the needs of people in the CoL, will enable improved service planning at local levels.
27. As you revisit the implementation of your strengths-based practice work, the peer team recommend that you also consider revising your assessment and support planning forms through co-production. Using language that individuals needing services would understand, and feel connected to, would further support this. Questions such as, “What does a good day look like for you?”, rather than, “What are your strengths?”, would support the assessment and review documentation to be more user friendly. Incorporating ‘I’ statements through the documentation and asking people, their families and carers to complete the documentation themselves supports a positive power shift between the practitioners and the person needing support. Professional summaries embedded into the documents will ensure the reflection, analysis and input of the practitioner.
28. Consider the impact of prevention services in the context of an ageing population and potential future service demand. There were examples given to the peer team where services were provided in a proactive way which were universally available to residents, regardless of the evidence of need. The peer team question if this approach can be sustained should resources become stretched in line with the increasing ageing population. There is potential for increased demand on preventative services, which may lead to residents having an expectation which cannot be met within available resources. Consideration should also be given to the types of preventative services, the use of assistive technology and digitally enabled care, to prevent or delay the need for long term support and reduce dependency on services.
29. The service recognises that it needs to further develop the Mosaic case management system, so that it creates workflows that support the business, capturing appropriate data to improve management reporting and reduce reliance on manual spreadsheets. Management recognised that there is a need

for staff training to improve data inputting. Ultimately this would create real time dashboards for the service to better manage and guide performance.

30. The peer team recommend that adult social care consider the roles, responsibilities and functions across the workforce to reduce the number of hand-offs within the assessment process. The assessment and review function of the Care Act is completed by social workers, whereas consideration could be given to these duties being undertaken by different disciplines to reduce hand offs between different roles. This would also support the opportunities for practitioners to improve the understanding each other's roles, and the professional development of practitioners. This would further embed a strengths-based approach, ensuring conversations with all practitioners are meaningful and impactful, while supporting statutory duties. The peer team heard examples where qualified social workers on the duty team were dealing with issues that could have been handled by administration staff. There was evidence that lines were sometimes blurred between the responsibilities of the strengths-based practitioners and social workers, resulting in some duplicated activity.

2 Providing Support

This relates to markets (including commissioning), workforce equality, integration and partnership working.

Strengths

- A strong hospital discharge model
- Agile and flexible approach with the ability to spot purchase to meet needs
- Well-established integrated care models locally and established relationships with health and Voluntary and Community Sector organisations
- City Connections is a responsive, flexible, commissioned service
- Commissioning arrangements in place for the outreach services, supporting rough sleeping, link well and complement the adult social care offer

31. It is clear that the hospital discharge model works well for the population and is driven by a well-respected and effective member of staff. The peer review team saw no evidence of delays in hospital discharges, waiting lists or the over use of long stay beds.
32. The commissioning function demonstrates an agile and flexible approach with the ability to spot purchase to meet needs and there is a well-established integrated care model locally and established relationships with health and voluntary and community sector organisations (VCS). As the CoL does not have any residential placements available within the City boundary, when a need for this provision is required, the only option currently available is to spot purchase outside the area. This results in the needs of the resident being the basis for the placement, which enables the CoL to respond to the specific requirements of the individual, so this is needs-led, rather than cost-led. In addition, there is one General Practice (GP) surgery within the boundary and a very small VCS sector, and this enables relationships to be formed among key staff from each organisation which supports strong and effective working relationships, which translates into meeting the needs of residents.
33. The CoL commissions an early intervention and prevention service called City Connections, provided by Age UK and this includes a signposting service, a general wellbeing support service, and a specific memory café for people with memory issues and their carers. The peer team felt this was an example of a responsive, flexible, commissioned service.
34. There are commissioning arrangements in place for outreach services supporting rough sleeping, which link well and complement the adult social care offer. The rough sleeping initiative is an example of a bespoke CoL service that has been put in place as a direct response to the growing cohort of people rough sleeping in the City boundaries. The evidence provided gave assurance that there was a clear and effective understanding of the cohort of rough sleepers as 75% are male, with 60% being white British with an average age of 40 years old. This cohort has complex needs with both significant mental health needs, physical needs and with many needing support for substance misuse. To meet the needs of this cohort, a range of services from across the VCS have come together to provide a person-centred approach to commissioning services, that can respond to this demand. This includes outreach services, a psychotherapy team and supported living

accommodation. These services are jointly commissioned with the London Boroughs of Tower Hamlets and Hackney, as this cohort can be transient. There is a direct link into adult social care via the rough sleeping coordinator role, which has enabled links to be developed and maintained.

For consideration

- Improving triangulation of quality assurance of services
- Strengthening collection of feedback to coproduce services for better outcomes
- Improve quality assurance of services, including feedback and input from residents and staff to inform commissioning

35. The adult social care service may want to consider improving the triangulation of quality assurance of services. There was a lack of evidence to suggest that the findings from case file audits were fed back to the front line teams to inform continued practice improvements. If this could be embedded as core business, it would allow both individuals and teams to share learning and underpin the strengths-based practice model. This would also provide the opportunity to identify themes of what works well and what needs to improve and any clarify any gaps that there may be in service provision. Additionally, there was a lack of evidence to demonstrate how feedback from people using services was collected, analysed, and utilised to improve service provision. The peer team did hear of a range of surveys that were carried out, but there was no evidence that the findings of those surveys were implemented and communicated to all relevant staff. It was unclear how the CoL provided feedback to people to advise of the difference made following survey completion, and sense-checking to see if a positive difference had been achieved.
36. There is an opportunity for the service to strengthen the collection of feedback to coproduce services for better outcomes. CQC are likely to focus on coproduction and the lived experience of people and how this is understood, recorded and used, to amend and shape services. The service should consider how best to engage with individuals, their families, and carers throughout their social care journey and how to evidence this activity. The service could also seek to ensure that staff are aware of the outcomes achieved, so they can speak about the ‘feedback journey’ to CQC representatives. This would also support further policy, process and procedural developments within the service.
37. It is important for the adult social care service to improve the quality assurance of services that includes evidenced feedback and input from residents and staff, to inform commissioning. Consideration should also be given as to how the service can evidence that learning through compliments and complaints, as well as how feedback from people who use services, influences the development of policies, procedures and training. There is also an opportunity to incorporate people who use services, to design and deliver strengths-based approach training to front line practitioners and managers.

3 Ensuring Safety

This area relates to safeguarding, safe systems and continuity of care.

Strengths

- CoL benefits from having a hugely experienced Independent Safeguarding Adults Board (SAB) Chair, with a national profile
- Strong City and Hackney Safeguarding Adults Board with multi-agency support and commitment to safeguarding; but retaining a distinct focus on City of London safeguarding issues through a separate CoL Sub-Group
- Strong CoL Police partnership, working to safeguard adults and partnership work with ASC and mental health services, with consistent and positive engagement
- City and Hackney place-based partnership within NEL ICS is responsive to ensure safeguarding of City residents, with well-established partnership with mental health services
- CoL Safeguarding Sub-Committee ensures strong Member oversight of safeguarding adults and children and community safety
- Well-established partnerships with Christian churches in CoL and partnership work with Tower Hamlets to engage with Whitechapel Mosque, attended by CoL residents
- CoL Chairing of SAR Sub-Group by Assistant Director, enables CoL to learn from Hackney & City SARs
- Dedicated Board Manager post adds value and additional capacity for the SAB
- Making Safeguarding Personal is embedded in CoL

38. The CoL benefits from having a very experienced Independent Chair of the Safeguarding Adults Board who has a national profile. This clearly brings leading edge knowledge and years of experience to her work at the CoL.
39. The City and Hackney Safeguarding Adults Board appears to work well together with multi-agency support and a commitment to safeguarding; but with a distinct focus on the City of London through a separate Sub-Group to ensure there is a clear focus on local issues.
40. The CoL has its own police force with more than nine hundred staff and a budget of £151m per year. The partnership between the CoL SAB and the police is working to safeguard adults and is involved in partnership work with adult social care and mental health services with consistent and positive engagement. This means the CoL is not subject to the same future challenge as the 32 London Boroughs who will be impacted by the recent statement by the Commissioner of the Metropolitan Police, saying that it will no longer attend emergency calls related to mental health incidents.
41. The City and Hackney place-based partnership within the North East London Integrated Care System (NEL ICS) is responsive to the safeguarding needs of

CoL residents, with well-established partnership with mental health services. The place-based partnership (PBP) is based on an historic relationship between the CoL and LB Hackney under the previous Clinical Commissioning Group arrangements. Therefore these relationships are well-established and appear to allow appropriate, professional challenge when required. The PBP and the approach to partnership working has allowed the voice of the CoL to be heard within the ICS. Capacity is a continued pressure for the CoL due to its size and the variety and number of roles and remits held by staff. An example seen by the peer team of positive partnership working was the suicide prevention project which is a multi-agency arrangement to respond to an increasing number of suicides in the CoL.

42. The CoL Safeguarding Sub-Committee ensures there is strong Member oversight of safeguarding adults and children and community safety, delivering reports on activity enabling questioning of developments and political oversight.
43. There are well-established partnerships with Christian churches in the CoL as well as partnership activity with the London Borough of Tower Hamlets to engage with Whitechapel Mosque which is attended by some CoL residents.
44. The Assistant Director of ASC from CoL Chairs the Safeguarding Adults Board Safeguarding Adult Review (SAR) Sub-Group, enabling CoL to benefit from wider system learning from Hackney & City Safeguarding Adult Reviews.
45. The dedicated Board Manager post adds value and additional capacity for the SAB, to ensure all functions are carried out and board members are fully informed for board meetings and sub-groups.
46. From the information available to the peer team, including the SAB Annual Report, it appears that Making Safeguarding Personal is embedded in the work of the CoL.

For consideration

- Continue to consider engagement from people with lived experience of safeguarding and any further initiatives which could continue the work of the Lived Experience Reference Group which is no longer in place.
- CoL recognise there are safeguarding challenges around the cost-of-living crisis and rough sleeping. Engagement with local people and third sector services about what would be impactful in supporting these issues would further embed co-production, influencing services and supporting stronger prevention work.
- CoL recognise the need to respond to the increasing complexity of hospital discharges. Consideration of current roles and functions of practitioners would support a stronger response to this increase in complexity of need.
- Ensure you have evidence of robust and rapid professional response to safeguarding concerns, incidents and provider issues, ensuring safe and personalised responses in preparation for CQC assurance.

- Ensure any review of documentation, to embed strengths-based practice, includes a review of safeguarding forms, to help further evidence a commitment to Making Safeguarding Personal principles.
- Continue to strengthen engagement with voluntary sector partners, where there is sometimes variable engagement on safeguarding
- Continue to train safeguarding champions to engage with faith-based community groups

47. The peer team recommend that CoL continue to consider engagement from people with lived experience of safeguarding and any further initiatives which could continue the work of the Lived Experience Reference Group which is no longer in place following the COVID-19 pandemic.
48. The CoL recognise there are safety challenges around the cost-of-living crisis and rough sleeping. There is a bespoke rough sleeping coordinator that links between adult social care and the voluntary services outreach and support services. There have been initiatives to provide items to residents to help with the cost of living crisis to help reduce costs and stay warm in winter and cool in summer.
49. CoL recognise the need to respond to the increasing complexity of hospital discharges, and as a result, a new hospital discharge model was developed to meet government requirements, which is supported by the Care Navigator role.
50. The peer team recommend that CoL ensure there is evidence of a robust and rapid professional response to safeguarding concerns, incidents and provider issues, ensuring safe and personalised responses in preparation for CQC assurance. Ensuring there is strong evidence throughout the individual's record and policies, procedures and processes that safeguarding is recognised as a responsibility of all roles within the service.
51. The peer team suggest CoL continue to strengthen engagement with voluntary sector partners, where there is sometimes variable engagement on safeguarding. This includes providing opportunities for the voluntary sector to link into the SAB, any co-production and commissioning activities.
52. CoL recognises the need to continue to train safeguarding champions to engage with faith-based community groups to ensure the safety of as wide a variety of groups in the City as possible.

4 Leadership

This relates to capable and compassionate leaders, learning, improvement and innovation.

Strengths

- Strong elected Member support for ASC, high ratio of members to residents creating strong links to communities
- Strong, stable political and officer leadership across the City of London Corporation, underpinned by robust and effective financial management
- Strong commitment to the protection of adult social care and frontline resources
- Visible senior leadership
- Commitment to enable staff to provide the best support to residents
- Commitment to staff development e.g. OT apprenticeship

53. There is evident, strong elected Member support for adult social care with frequent scheduled meetings to discuss departmental progress on a range of relevant issues and a high ratio of members to residents creating strong links to their local communities.
54. There is a stable political and officer leadership across the CoL which is underpinned by robust and effective financial management. As a result there is a strong commitment to the protection of adult social care and frontline resources, which has been demonstrated over a number of years.
55. The senior leadership team demonstrated that they knew their services well - they are knowledgeable and experienced adult social care leaders.
56. The senior leadership are visible to staff and are clear in their commitment to enable staff to provide the best support to residents. One example of how the service seeks to support staff is the planned occupational therapy apprenticeship initiative.

For consideration

- Continue to develop performance management information to drive performance, improve outcomes and shape delivery sharing this with front line staff.
- Consider some more formal protocols/processes to drive performance improvement and provide assurance about risk management processes.
- Continue to increase diversity across the service – actions could include adopting learning from the DHSC Social Care Workforce Race Equality Standard, which was implemented by 18 local authorities.
- Consider how adult social care evidences performance to provide assurance to the business and demonstrate to front line staff the impact that they make in their roles.

57. The adult social care service recognises that there is the need to develop the available performance management information to enable staff to drive performance, achieve improved outcomes and shape delivery. The peer team heard how adult social care provide reports to a safeguarding sub-committee on safeguarding and Deprivation of Liberty Safeguards, but general wider performance is not reported. It was noted that a monthly performance scorecard is in development.

58. In the self-assessment for this work the service states that *"Being part of such a small stable team, has lots of positives but also challenges. New ideas, ways of working, wider conversations are less likely to happen. It is important to keep practice current and alive rather than falling back on our 'uniqueness' which can sometimes stop changes in our practice to align ourselves with the London local authorities".* With this in mind the peer team recommend that the service consider some more formal protocols and processes to drive performance improvement and provide assurance about risk management. This information would enable colleagues to have more productive improvement conversations based on objective data and standards.

59. There is ongoing work to increase diversity across the service, as part of a wider organisational approach to reflect the local communities and there are several initiatives promoting diversity and inclusion amongst staff and within the service. CoL recognises that promoting more diversity amongst staff is a priority. The peer team support this understanding to continue to increase diversity across the service. One example would be to adopt the learning from the recent Department of Health and Social Care Workforce Race Equality Standard (WRES).

60. As has been previously stated, there is the need to consider how adult social care evidences performance to provide assurance to the business, as well as addressing the experiences of people who use services. There was no evidence provided to the peer team that staff were aware of any departmental performance metrics. Investing in this would better enable the service to drive performance.

Immediate next steps

We appreciate the senior political and managerial leadership will want to reflect on these findings and suggestions, in order to determine how the organisation wishes to take things forward.

As part of the peer challenge process, there is an offer of further activity to support this. The LGA is well placed to provide additional support, advice and guidance on a number of the areas for development and improvement and we would be happy to discuss this. **Kate Herbert, LGA Principal Adviser,** is the main contact between your authority and the Local Government Association. Her contact details are email: kate.herbert@local.gov.uk, Telephone: 07867 632404. There is also **Margaret Willcox**, **the London Care and Health Improvement Adviser** who can be contacted at email: margaret.willcox@local.gov.uk or Tel: 07464 652694.

In the meantime we are keen to continue the relationship we have formed with the CoL throughout the peer challenge. We will endeavour to provide signposting to examples of practice and further information and guidance about the issues we have raised in this report to help inform ongoing consideration.

Contact details

For more information about the Adult Social Care Preparation for Assurance Peer Challenge at City of London Corporation please contact:

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For more information on the peer challenges and the work of the Local Government Association please see our website: Council improvement and peer support | Local Government Association.

Appendix B - Programme Delivery

An overview on the delivery and objectives of the Adult Social Care Transformation Programme are outlined as follows:

1. Although repealed, the Care Account project delivery has produced a detailed analysis of the proposed government process, identifying improvement areas required to data sources, reporting and recording. We produced methodologies for self-funder calculation and resourcing impacts to manage a care account. We undertook an analysis of our recording system, identifying a zero-cost impact on purchasing a new system, sighting supplier's contractual requirement to meet legislative compliance, and improved utilisation of the finance functionality within our systems. The project close report and its recommendations were approved by the programme board, agreeing that improvement projects identified should continue to be delivered via the programme activity, supporting our future position and resilience when the delay to section 15 of the Care Act 2014 is addressed by government in 2025. Development of our suite of assessment forms, individual budget tools, finance recording, and charging policy will be delivered by the programme this year.

2. With delays announced until 2025, the Mental Capacity (Amendment) Act 2019 (MCA) introduced the Liberty Protection Safeguards (LPS); a new process for authorising deprivations of liberty for persons who lack capacity to make a particular decision. A significant amount of project stakeholder time and resource was invested with our partners and London wide forums engaging on the code of practice and training development, in readiness for LPS. In addition, the project group undertook initial impact assessments, identifying in scope case numbers, staff roles, training requirement spanning Adults, Children's and SEND services. The programme will deliver an improvement to MCA recording and working practices sighted within the amended MCA; and continued strong partnership working across the London region is embedded within the service.

3. The City of London Hospital Discharge Model has provided the necessary frontline resources to support our residents being discharged from hospital. We have increased dedicated social worker and occupational therapy services and are developing strengths-based practitioners, supporting not only home first models but strengthening prevention. We developed the discharge to assess service provision during the pandemic to support rapid discharge activity, whilst recognising that the support needs of individuals are on average higher than pre pandemic levels. We have continued to commission a version of this service under 'rapid response' which not only supports our ability to put in place interim support services but allows us to respond to hospital prevention and early interventions.

4. Recognising a further need to support our residents understanding and options around their hospital discharge, the programme has produced a hospital discharge leaflet in English and Bengali, which is given to residents and their representatives and also available on our website. The programme is delivering further improvements to accessing our information digitally by updating our ASC webpages allowing access to all our leaflets in downloadable formats.

5. As part of the hospital discharge model, new grant funding was identified in late 2022 sighting system wide winter pressures. The external grant funding has continued into 2023-24 and planned again for 2024-25 with grant conditions requiring detailed 2 weekly data returns. The programme is currently delivering the manual work arounds to meet the return requirement and working towards system recording improvements to reduce the resourcing impact and move to improved system reporting capabilities in this area. Reporting enhancements will also support the manual work arounds for our national return requirements (Client Level Data Return).

6. In early 2023, the Principal Social Worker role was drawn from the responsibilities of the ASC Service Manager, recognising the need for a dedicated resource to reinforce practice and quality assurance to underpin our CQC self-evaluation and development, preparing for the new inspection regime. Our quality assurance activity, underpinned by the ASC Quality Assurance Framework, is undertaking targeted external audits, developing our strength-based practices and looking to enhance our ability, record and collect our residents feedback and opportunity for co production.

7. CQC inspection readiness preparation is in delivery to produce an adult social care Self-Assessment (SEF); provide robust data, policy and process evidence, and outline a practical plan, lead officer roles and ongoing governance. Our SEF is ready for circulation; we are finalising our evidence, governance arrangements and drafting a practical plan outlining roles within this, however, the timeline is impacted by further delayed announcements from CQC.

8. As part of the evidence to support CQC inspection, we have been gathering the necessary evidence, which is vast. It spans five evidence categories across 4 themes, covering people's experience, feedback from staff and leaders, feedback from partners, observation, processes, outcomes. As part of the peer review activity, we have accumulated the prescriptive evidence and addressed the immediate gaps. As part of the project, we have identified and are producing an adult social care vision and strategy to underpin our service delivery. In addition, we will outline what co production is for City of London and look to opportunities to improve co production with partners and residents.

9. In June 2023, we commissioned a peer review via the LGA. The outcome supported the enhancement of our preparation and tools to be CQC inspection ready for late 2023. In addition to the feedback itself, the activity provided an opportunity for frontline staff, partners, senior leaders and members to gain some insight into the inspection environment. A targeted report will be provided to this committee on the response to the peer review findings and subsequent action plan in response to identified areas for consideration.

10. The findings from the Peer Challenge Report, affirmed the need to strengthen our reporting capability to meet the requirements of CQC's inspection evidence requirement and enhance performance management information which drives performance, improving outcomes and shapes delivery for our residents. The programme is due to deliver across multiple areas to address improvements outlined in the report. System recording improvement covers, hospital discharge, MCA, early intervention, care assessment suite, individual budget calculators, spot purchase care packages, brokerage workflow and quality assurance triangulation, recording improvements, exception reporting and overall improved performance reporting capability.

11. National short- and long-term data reporting requirements (SALT) has been impacted by government requirement to deliver Client Level Data returns (CLD). CLD is a new data collection and its ability to replicate SALT is still being verified. We are required to dual-run both data collections for the first year (23-24) to calibrate and quality-assure CLD. The manual work arounds have been extensive and impactful on resourcing, with returns due on a quarterly basis. Work across the programme to improve system recording and reporting capabilities to our assessment suite, hospital discharge, commissioning and financial recording will improve our capability in this area and reduce the impact on resources this is currently having. We are reviewing and cleansing our current Mosaic system reporting, ensuring the viability of its functionality and use, and will write system reports to heavily reduce the need for manual interventions, using new and improved system development to gather data in system. The new approach will go live from 1st April 2024.

12. The government set out to understand, as well as underpin, the provider marketplace in their Fair Cost of Care and Market Sustainability plans. The programme has delivered in year returns to meet essential grant funding conditions and produced a Market Sustainability Plan (MSP). The programme will support the delivery of the MSP short term plan and supporting improvements to our brokerage function for City of London. System enhancements will support improved recording and triangulation of data, strengthen quality assurance and contract monitoring out of borough placements, and improve performance reporting to support strategic commissioning, co production work to meet CQC inspection readiness.

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City Connections

Linking people to health and wellbeing services in the Square Mile

CITY CONNECTIONS:

CITY CARERS SUPPORT AND IMPACT

Delivered by Age UK East London on behalf of the City of London Corporation

CITY CARERS AND CITY CONNECTIONS

WHAT WE DO

City Connections is commissioned by the City of London Corporation to support City residents and workers to access support for their health and wellbeing.

This could be for activities and support sessions, a Carers Forum, hospital discharge help or general signposting to other local agencies for support.

CITY CARERS

We support both adult and young City Carers and host and deliver regular Carers Forums, in person and virtual activity sessions, Carer specific trips and outings and annual Carers Week and Carers Rights events.

Since October 2022, we were commissioned to provide a pilot Carers support service that is subcontracted to Carers Centre Tower Hamlets.

City Connections

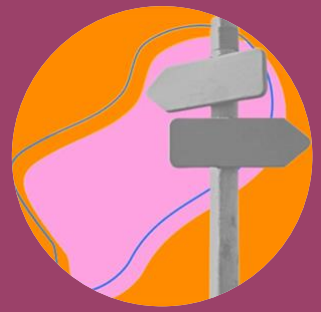
HOW DO WE SUPPORT CITY CARERS?:

INDIVIDUAL SUPPORT

- Person Centred, tailored 1-2-1 support to identify and assist with getting the support the Carer requires
- Referrals to in-house Carers Forum, local activity sessions and events, alongside signposting or referring to other City support agencies.

GROUP SUPPORT

- Our groups Carer specific sessions include a quarterly Carers Forum, fortnightly Carers sessions *(in-person and virtual), a Young Carers group*, trips and outings.
- Many also access our other social activity groups & events whether Carers or not.



COMMUNICATIONS

- We ensure Carers are kept informed with the latest relative information, news and events.
- We do so via monthly newsletters, weekly e-bulletins, welfare calls and the service website.

SPECIAL EVENTS

- Special events and sessions for Carers include the following:
- A dedicated annual activity schedule for Carers Week
- Events for Carers Awareness Day
- Special Trips, Lunches and Carer specific training.

WHERE WE DELIVER OUR SERVICES

We provide our services to our clients via both physical in-person in the community and virtual online venues.

We conduct home visits to people's homes if required so that the less mobile or housebound can receive support.

Some examples of community venues we deliver from are:

- Golden Lane Community Centre
- Portsoken Community Centre
- City Libraries
- The Barbican

City Connections

CARERS: CO-PRODUCTION AND COMMUNITY

CO-PRODUCTION

- We have worked and supported a City Carer with co-producing a peer led Carers group which has helped them to run as an additional independent support group for City Carers.
- We publicise their events and activities through City Connections comms and co-produce the week's activity timetable during Carers Week with the peer Carer group.
- We aim to complete all actions that are set out and decided by Carers following the forums and meetings.

- We work with local organisations in the community for trips and events. Such agencies include, *Renaissance RE* for Lunches, *Historic Royal Palaces, The British Museum & The Wallace Collection* for free Trips/Outings, *JP Morgan* for winter clothing and *The Chartered Institute for IT* for a warm space venue.
- We have organized and distributed numerous support vouchers as funded by the Corporation to City Carers. These have included vouchers to support Carers with PPE equipment during Covid and Cost of Living vouchers.

COMMUNITY

City Connections

CITY CARERS: CUSTOMER SATISFACTION RESULTS

(SCORES OUT OF 5)

4.98 AVERAGE SCORE:
FEEL THEY ARE TREATED WITH RESPECT BY CITY CONNECTIONS STAFF

4.6 AVERAGE SCORE:
INFORMATION IS CLEAR, USEFUL AND EASY TO UNDERSTAND.

4.98 AVERAGE SCORE:
VIEWS ARE LISTENED TO AND ACTED ON WHERE POSSIBLE

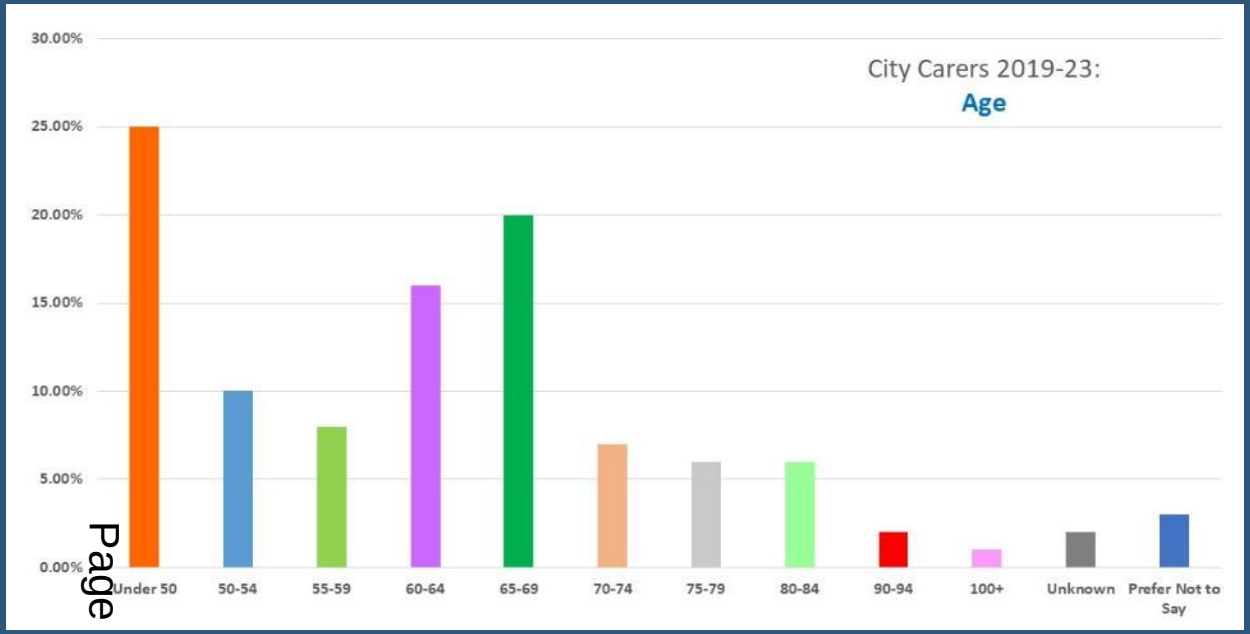
4.83 AVERAGE SCORE:

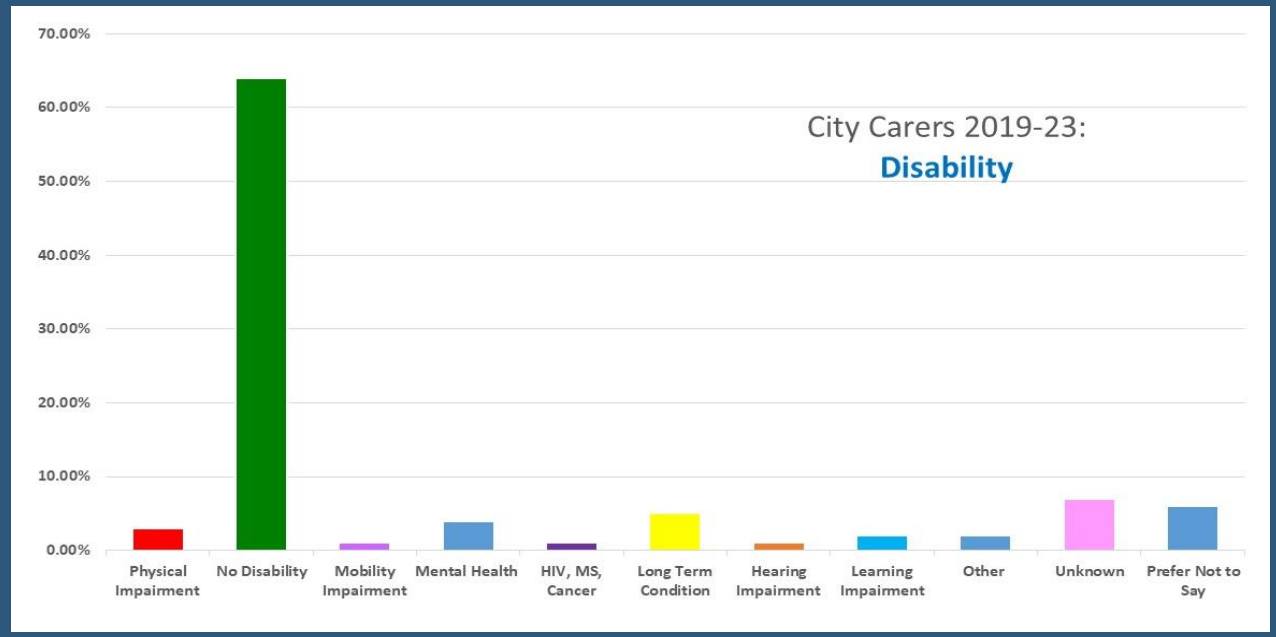
WERE CONTACTED VERY QUICKLY FOLLOWING THEIR REFERRAL

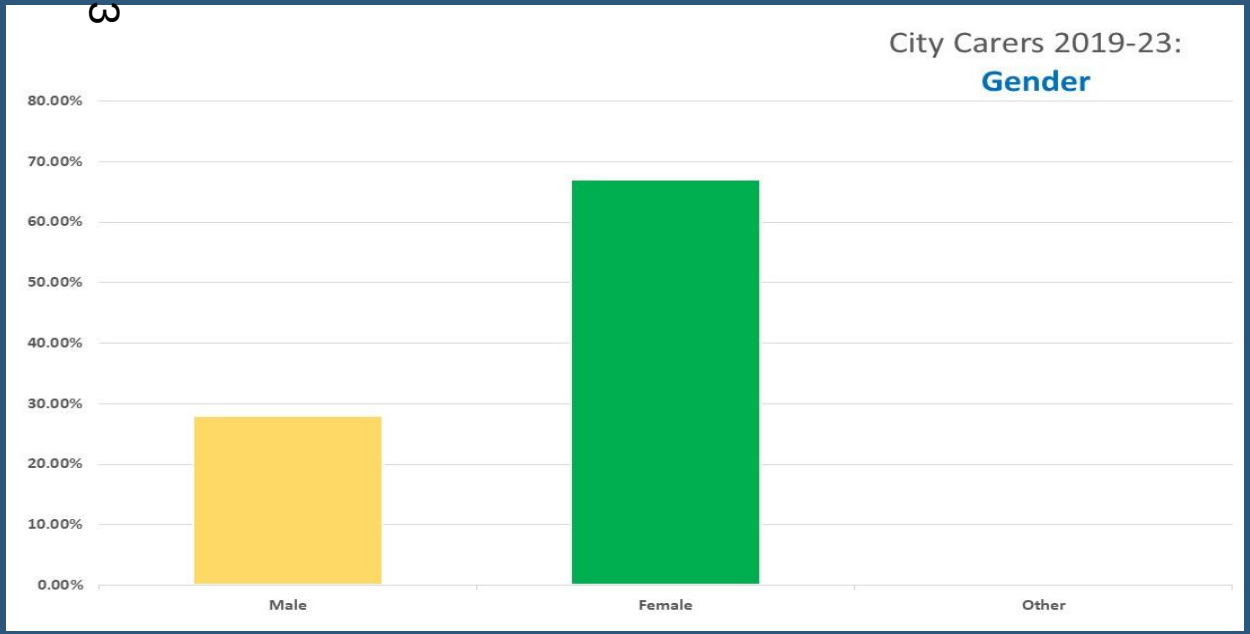
4.2 - AVERAGE SCORE
BEFORE ACCESSING THE SERVICE

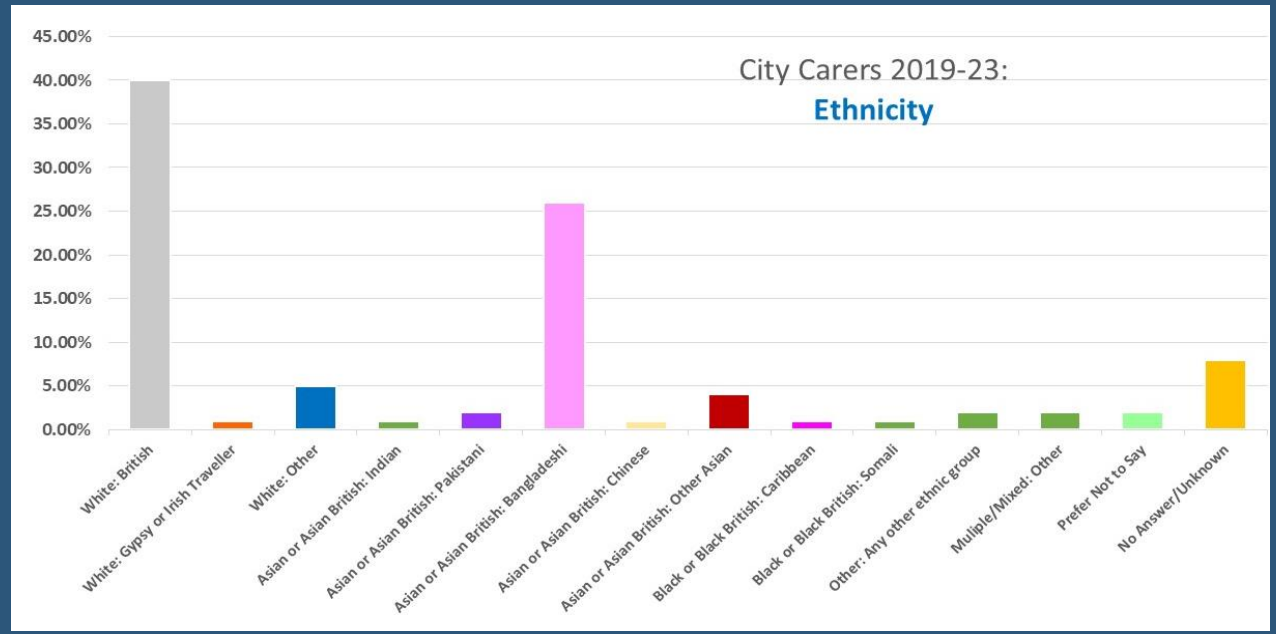
4.53 - AVERAGE SCORE
AFTER ACCESSING THE SERVICE

CITY CARERS: DEMOGRAPHICS









THANK YOU

Any Questions?

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Committee(s) Health and Social Care Scrutiny	**Dated:** 4 October 2023
Subject: The health and wellbeing of the City's hidden and essential workers	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	*2) People enjoy good health and wellbeing.* *3) People have equal opportunities to enrich their lives and reach their full potential.* *5) Businesses are trusted and socially and environmentally responsible*
Does this proposal require extra revenue and/or capital spending?	Not at this stage
If so, how much?	To be determined
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
Report of: Report of the Director of Public Health (City and Hackney)	For Decision (on a resolution)
Report author: Froeks Kamminga, Chris Lovitt	

Summary

The hidden workforce are those essential staff in routine, manual and service occupations who often work during anti-social hours and without whom businesses could not function. Published reports have confirmed that shift workers often have significantly worse health and wellbeing with increased health inequalities.

Reports, presentations and updates have been undertaken to the Health and Wellbeing Board and other bodies within the Corporation over the last six months to raise awareness on the issue of health inequalities for people who are employed in the hidden workforce, and present recommendations for change.

The Health and Social Care Scrutiny Committee is presented with an update of these actions in our efforts to reduce health inequalities for those who work in routine, manual and service occupations.

Recommendations

Members are asked to:

- Note and, as appropriate comment, on the steps taken or planned by the City of London Corporation and the Health and Wellbeing Board to reduce health inequalities for people in the hidden yet essential workforce

Main Report

1. Background

1.1. Business Healthy is an innovative partnership hosted and run by the City of London Corporation which aims to “bring together businesses in the City to ignite a positive change in the health and wellbeing of their workforce.”

1.2. Since 2019 Business Healthy has been working to better understand the health and wellbeing needs of the so called “hidden workforce”. The hidden workforce are those essential support staff in routine, manual and service occupations such as cleaners, maintenance workers, construction workers and security staff who often work during anti-social hours (including night shifts) and without whom businesses could not function. Published reports have highlighted that shift workers often have significantly worse health and wellbeing with increased health inequalities.

1.3. A report was presented to the Health and Wellbeing Board In March 2023 with a number of recommendations for consideration by the Board. This presented a summary of the research report[1] commissioned by Legal & General, a key business member of the ‘Hidden Workers’ project team convened by Business Healthy, into the lived experience of a number of essential workers.

1.4. The Health and Wellbeing board considered a number of management and procurement recommendations to improve health and wellbeing outcomes for hidden and essential workers, often contracted via third party contracts. These included improved access to sick pay, death in service benefits, shift work and access to online healthcare.

1.5. The Board endorsed the report and recommendations and requested members of the board to consider how to improve the health and wellbeing outcomes of the hidden and essential workforce and provide updates on progress to subsequent board members.

1.6. The following actions were requested for officers to take and summary of progress is here:

1.6.1. A meeting took place with the Director of Equality, Diversity and Inclusion, who welcomed the report’s synergy with the City of London’s equality objectives in terms of the London Living Wage and social mobility. The Director agreed to attend the Health and Wellbeing Board when it receives the next iteration of this report. Further engagement will now be deferred until a new Director of Equality, Diversity and Inclusion is in post.

1.6.2. A presentation of the report and its recommendations was made to the Senior Leadership Team (SLT), chaired by the Town Clerk and Chief Executive, on 23 May. The following actions were taken from this meeting:

1.6.2.1. The Chief Operating Officer to conduct a health check on the Procurement Code and to feed the ‘hidden workers’ suggestions into the ongoing review of pay and reward.

[1] https://group.legalandgeneral.com/media/o1wfq1qp/2829476_hidden-workers-report_v9-0-22-final.pdf

1.6.2.2. The City Surveyors to review the Facilities Management contract to look at quick wins; e.g. the provision of microwaves and break spaces.

1.6.2.3. The Town Clerk and Chief Executive asked for further suggestions to be brought to the SLT Meeting.

1.6.3. A meeting was held with the Chief Operating Officer (COO) who confirmed that 15% of the weighting on contractual awards criteria is on responsible procurement, including the London Living Wage. The COO further advised of the complexities in casual staffing structures and that the potential cost and impact implications of the various recommendations would need to be analysed. Therefore, the Health and Wellbeing Board (HWB) might need to take a formal Resolution to the relevant Committee(s) in terms of the next steps.

1.6.4. A presentation was made to the City and Hackney Place Based Delivery Group to follow up on the Health and Wellbeing Board recommendation that members of the Board, including anchor institutions such as NHS partners, should review their own procurement and workplace policies. The Delivery Group recommended this to be discussed at the Place Based Partnership Board for wider engagement.

1.6.5. Engagement was also initiated with the Responsible Procurement Manager (Operations) to assess the existing guidance on ethical procurement, and undertake a review of existing contracts, especially within the Integrated Facilities Management Contract, to scan whether any of the existing suppliers are applying immediate sick pay, and/or any of the other suggested recommendations from the research report.

2. Current Position

2.1. Following a verbal update at the June Board Meeting, Members of the Health and Wellbeing Board requested that they would receive a more comprehensive report at the September Board meeting, at which time consideration could be given to the Resolution that was suggested by the COO. A paper has been prepared for this meeting, including the following draft resolutions:

2.1.1. The Corporation to note the potentially detrimental impact that low paid shift work can have on the health and wellbeing of staff including those from the hidden and essential workforce.

2.1.2. For the Corporation to continue to support studies which seek to identify potential actions that can address health inequalities in the essential and hidden workforce.

2.1.3. For the Corporation to note the recommendations for sick pay and death in service eligibility, without a qualifying period, for workers and to request that further work is undertaken to assess the likely cost and benefits and human resources implications of implementation.

2.2. Nationally, momentum around the issue of 'Safe Sick Pay[2]' is building, including politically.

2.3. On 17 October 2023 the All-Party Parliamentary Health Group will host a roundtable discussion in partnership with the centre for progressive change, on Statutory Sick Pay. The roundtable will bring together MPs, Peers, health experts and economists to discuss the potential benefits of sick pay reform. It notes there is growing support for these reforms across the major parties, business, health officials and trade unions.

2.4. In addition, work within the "Hidden workers" project team continues and one of the key business partners, L&G, in collaboration with PwC, is planning a symposium in London and Leeds on 8 November to focus on and promote Safe Sick Pay. Part of this event will be a VIP breakfast meeting to which City of London Corporation representation has been requested.

3. Recommendations for discussion

3.1. Note and, as appropriate comment, on the steps taken or planned by the City of London Corporation and the Health and Wellbeing Board to reduce health inequalities for people in the hidden yet essential workforce.

4. Corporate & Strategic Implications

- *Strategic implications*

  Following through on recommendations in the Hidden Workers report will contribute to the following strategic priorities:

  Contribute to a flourishing society

  People enjoy good health and wellbeing.

  People have equal opportunities to enrich their lives and reach their full potential.

  Support a thriving economy

  Businesses are trusted and socially and environmentally responsible.

- *Financial implications*

  The financial implications and cost/ benefits of adopting the recommendations for sick pay and death in service benefits without a qualifying period would need to be determined if the resolutions were accepted.

- *Resource implications*

  Determining the costs benefit, human resources and wider implications of adopting the recommendations would need further work to determine the likely resource implications.

[2] See for more information on Safe Sick Pay: SSP campaign

- *Legal implications*

  None directly. Indirectly, following through on recommendations may lead to review of contracting and procurement policies, especially for outsourced services.

- *Risk implications*

  None

- *Equalities implications*

  The HWB is specifically tasked with promoting good health and wellbeing for its local population and for tackling health inequalities. Active follow up to the recommendations of the Hidden Workers report will contribute to addressing health inequalities among people working in routine, manual and service roles. Further work on the intersectionality of poorer health outcomes amongst the hidden and essential workforce with many of the workers being from ethnic minorities is needed.

- *Climate implications*

  No specific implications but environmental issues are part of the wider determinants of health.

- *Security implications*

  None

5. Conclusion

5.1. The Scrutiny Committee is requested to note and, as appropriate comment, on the steps taken or planned by the City of London Corporation and the Health and Wellbeing Board to reduce health inequalities for people in the hidden yet essential workforce

Froeks Kamminga
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Working well:

Delivering better health outcomes for hidden workers

Contents

Acknowledgements

Project Team

Thanks are due to the following who oversaw the research and the production of this report

- **Tammy Boyce**, Senior Associate, UCL Institute of Health Equity
- **Jo Elphick**, Marketing Director, Group Protection, LGI, Legal & General
- **Sarah Ingram**, Associate Director of Strategy and Partnerships, Tavistock Relationships
- **Froeks Kamminga**, Senior Public Health Specialist, City and London Public Health Team, Business Healthy Lead (maternity cover)
- **Xenia Koumi**, Senior Public Health Specialist, City and London Public Health Team, Business Healthy Lead
- **Caroline Millar**, Associate, Tavistock Relationships
- **Benjamin Noah**, Head of Client Services, PwC
- **Mark Tyson**, Head of Property Operations, Legal & General Investment Management

Supporting Partners

- Poppy Jaman, CEO, Mental Health Alliance
- Farimah Darbyshire, Head of Programmes and External Relations, City Mental Health Alliance

Research

All the interviews were conducted by Caroline Millar, Associate, Tavistock Relations, who also wrote the report. She wishes to thank all the individuals whose experiences and stories lie at the heart of this report. She is grateful for their willingness to speak openly about lives, and for the insights and motivation they have given us all.

1. Preface

From Poppy Jaman , OBE, former CEO of City Mental Health Alliance, CEO of MindForward Alliance

In the midst of the pandemic, it quickly became clear that the unseen workforce of the City was more at risk of both catching Covid and facing the health anxiety that came with it. These are the people who successfully and quietly kept everything running while we sheltered in our homes.

The people working in roles such as cleaning, security and maintenance, had already been the most likely to face health inequalities in our society, both physical and mental. And, because they are often not directly employed by the organisations on whose sites they work, they can fall through the cracks and don't have access to workplace health and wellbeing benefits offered to employees. There was no safety net.

Where Covid both exacerbated and shone a light on the inequity, I felt that we had an opportunity - and an obligation - to make a change. The City Mental Health Alliance UK has a commitment to workplace mental health, and as CEO I brought together visionary businesses from the CMHA membership. PwC, Legal & General, Bank of England and the City of London Corporation together explored what was possible.

The momentum from this group has already contributed to awareness raising and businesses taking action. I very much welcome this research and thank you to the businesses for listening to the voices of this typically unseen workforce. It will make the path forward on this important cause even clearer

This work also demonstrates the power of leaders in business to protect the people within their ecosystems on whom they, rely and to address the big challenges that society faces. I have no doubt this research and the ensuing action will make a difference to not just the City, but the wider UK. And, as a CEO of a now global organisation, I am determined that we can learn from the example set by these businesses in countries around the world.

Poppy Jaman, OBE

Chief Executive Officer, City Mental Health Alliance

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2. Introduction

From Andrew Balfour, Tavistock Relationships

Cleaners and kitchen porters, builders and security guards – just some of the various roles carried out by those who make up what has been called the hidden workforce.

Tavistock Relationships, the relationship support charity, is proud to be associated with this report. And while the report may not make these individual workers more visible themselves, it will contribute to the task of making their lives, needs and hopes less hidden.

And what hard lives they are. Indeed, the majority of the people interviewed for the report spoke about the impact of the very long hours they work and the conditions under which they carry out their duties; on their physical and mental health, plus on the relationships they have with their partners, children and wider family.

Tavistock Relationships runs a low-fee psychotherapy service from the City Wellbeing Centre in London, so has a particular interest in ensuring that services are there to respond to the challenges faced by people from all backgrounds and income brackets. This report notes however that very few of those interviewed have ever accessed any sort of counselling or advice services and do not know how they would access these services if they wanted to do so. Individuals reported that they do not want to "make trouble" at work and are generally reluctant to ask for help from their employers. It is our duty to help people access such services, and to help people – and their employers – see asking for help as a positive step, rather than a drain on resources or evidence of some kind of neediness.

Reading the report, I was struck by the immense dignity of the people interviewed whose daily lives often include unimaginable strain. It is so encouraging that Legal and General have commissioned this report and have taken steps already to improve the lives of the people the report aims to better understand.

At Tavistock Relationships we very much hope that other employers will follow their lead and seek to put in place support measures that can make the lives of the people in this report, and those in similar conditions, less arduous. It's surely important for all of us to reflect on the lives of the people who make up this hidden workforce – upon whom the majority of the population relies for essential services - to ensure that we not only better appreciate what they do for us, but strive to make their lives, their health and their relationships that bit stronger.

Andrew Balfour

Chief Executive Officer, Tavistock Relationships

3. Statement

From Professor Sir Michael Marmot

The Covid pandemic held many lessons for us. An important one was recognising who we depend on to keep society working. We clapped for nurses each week in acknowledgement of their selfless devotion. But what about the drivers, the supermarket cashiers, the refuse collectors, and so many others without whom it would all collapse. One group, mostly hidden from sight, are the cleaners and security people who keep offices and other workplaces fit. Theirs is a vital enabling role. Done well, and they remain "hidden". The nature of such jobs means they tend to be filled by people at social disadvantage of various sorts. Low pay and poor working conditions can make their situation worse. Good pay and working conditions can be a force for good health and support greater health equity.

What comes through in this report is the picture of people with difficult, stressful lives doing difficult jobs. Money, of course, is important. A shortage of money can be both stressful and lead to families doing without necessities, particularly during a cost of living crisis. But work is more than money. Dignity and self-respect, good relationships with fellow workers and managers, being treated fairly, security, opportunities to develop are all key aspects of work that have big implications upon individuals' health.

Difficult working conditions present challenges to the hidden workers and their managers but, as the report shows, there is much that can be done. Rather than being a source of misery and stress, this vital area of work should and can be health-enhancing. It is in all our interests that it should be so.

Michael Marmot

Director, UCL Institute of Health Equity

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4. The origins of this report

The roots of this report go back to 2019 when Business Healthy - the City of London Corporation's Public Health-led initiative to unite business leadership in meeting the health and wellbeing needs of City workers- together with the Greater London Authority and the Lord Mayor's Office[1] convened a conference on supporting the health and wellbeing of London's hidden workforce. The aim was to:

- Raise awareness of the vital role that the "hidden and essential" workforce plays in the functioning of business in the City of London and elsewhere;
- Identify and share examples of best practice of businesses working to promote the health and wellbeing of their workforce including the "hidden and essential" workers;
- Ensure that routine, service, and manual workers know about the free health and wellbeing services available to them and that these services are accessible at times that are convenient to shift workers.

The pandemic halted this initiative but also shone a spotlight on those workers who could not work from home and continued to go to work outside of the home, putting them at greater risk of exposure to Covid-19. In many cases these workers were those already worse off in terms of their health and wellbeing.

In November 2021 a virtual kick-off event to raise awareness and share best practice on closing the health and wellbeing gap was convened by Business Healthy, in partnership with the City Mental Health Alliance, who were instrumental in bringing key stakeholders to the table. The keynote speaker was Sir Michael Marmot of the UCL Institute of Health Equity (IHE) and author of Fair Society, Healthy Lives, and Marmot Review 10 Years On.

It was agreed that there was a need for better insight into the lived experience of the hidden workforce and this research was therefore commissioned by Legal & General.

[1] Mayor's Good Work Standards and Healthy Workplace Awards

5. Research Summary

Why looking after the health of essential workers matters

In buildings across the UK there is a hidden workforce keeping offices and workspaces clean, safe and secure and providing essential services to businesses. Despite the importance of their work, people in these roles are more likely than other workers to be:

- Experiencing poor physical health
- Living with long term conditions
- Diagnosed with serious illnesses later than others
- Facing poor health outcomes
- Experiencing stress, anxiety and poor mental health.

These health inequalities were starkly highlighted in the Institute of Health Equity's report Health Equity in England: The Marmot Review 10 Years On published in 2020. It showed an increase in health inequalities and a stalling of improvements to life expectancy in the decade since the publication of the Marmot report, Fair Society, Healthy Lives in 2010. The COVID-19 pandemic motivated Legal & General to strengthen their role in reducing health inequalities through action on the social determinants of health, by partnering with the Institute of Health Equity (IHE). In 2022, with the support of Legal & General, IHE published The Business of Health Equity: The Marmot Review for Industry.

Taken together these reports present important challenges to employers and to business. Promoting and supporting better health and wellbeing to ensure a better quality of life among this group of workers is not just good for the workers. It is also good for businesses and for society as a whole. Employers have the power and the ability to make a difference and, now more than ever, have a moral responsibility to act as agents of and advocates for change.

5.1 Why now?

Over the last two years several forces have converged to make life even harder for these workers. While others were able to work from home during the Covid-19 pandemic, many essential workers had to travel to work on public transport despite their fear and trepidation about doing so. Some of these workers were put on furlough, but others lost their jobs and struggled to find alternative employment.

As the pandemic continued it became increasingly clear that essential workers, people on lower incomes and those from ethnic minority groups were more likely to contract Covid, to be seriously ill when they did so and to die as a result of contracting the virus. Build Back Fairer: The COVID-19 Marmot Review published in December 2020, found that inequalities in social and economic conditions before the pandemic contributed to the high and unequal death toll from COVID-19 and called for 'long-term policies with equity at their heart'.

The pandemic arrived following ten years of austerity, a decade in which inequalities in health outcomes between the richest and poorest had grown dramatically. Now, in late 2022, the combination of rising costs of food and fuel, increases in rents and mortgage rates and spiralling inflation is having a direct effect on the physical and psychological wellbeing of people living on low incomes.

5.2 Listening to workers and making a difference

In the summer of 2022 Legal & General commissioned Tavistock Relationships to carry out a piece of qualitative research with the aim of capturing the experiences of the hidden workforce as described by the workers themselves. The initial City of London focus emerged from the work of Xenia Koumi at Business Healthy and Poppy Jaman at the City Mental Health Alliance. The hope was that employers would be inspired by these insights to take action to address the challenges the research presented and to identify and share best practice.

The people who were interviewed and responded to the survey, spoke about their feelings on the following:

- Their jobs and workplaces
- Hours they worked
- Journeys to work
- Means of looking after themselves and their families
- Relationships with colleagues, family and others
- Home lives
- Hopes and dreams

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They were keen for their voices to be heard and for their stories to be shared so that employers and others would have a better understanding of what their lives were like. They wanted their contributions to make a difference not only to their own lives but also to other people like them and to future generations of workers. Tavistock Relationships and the project team which has overseen the research is hugely grateful to them. Their dignity, courage and openness has been inspirational and humbling.

This report summarises the key themes that arose in our conversations with these workers, alongside a small survey run in a free newspaper and on social media. There are important messages for providers and commissioners of health services, for local authorities and others - but perhaps the most important messages are for employers. In light of these findings; the report therefore includes ideas and suggestions for steps that employers might consider taking to improve the health and wellbeing of their essential workers.

5.3 Our findings

While the experiences of the people we spoke to varied considerably depending on the types of jobs they did, the hours they worked and the particular circumstances of their home lives, a number of clear themes emerged:

The impact of work on physical and mental health

- The majority said that their work affects **both their physical and mental health**. Most essential workers undertake shifts of very long hours – a quarter of our sample work 11 hours or more a day. When combined with long travel times this has a direct impact on many aspects of their wellbeing; including health; eating and sleeping patterns; their ability to relax and unwind; and their relationships with friends, family and the wider community.
- Many people are **exhausted all the time**. For older people and those with caring responsibilities, particularly women, work does not stop when they get home, with domestic chores taking up several more hours. Many suffer regularly from insomnia.
- Long hours and 'anti-social' hours affect eating patterns and diet and reduce opportunities to share mealtimes with family and friends. Many people prefer to bring **their own home-cooked food to work** because this means they can eat the sort of food they prefer and because they regard it as more substantial, more nutritious and better value. They appreciate having good kitchen facilities and somewhere comfortable and peaceful to eat.

Accessing services

- Many of these workers do not receive pay if they attend a hospital, GP or other health appointment or if they are unable to work because of illness. **Fear of losing pay or appearing weak or unreliable prevents them from asking for time off to look after their health**. Most said they do not go to their GP with what they regard as minor concerns such as aches and pains, anxiety or lack of sleep or for checks or screening. Many have difficulty getting GP appointments and find it impossible to make themselves available to receive calls at unspecified times when at work. Several said they find it easier to go and queue at A&E in their own time.
- **Very few have ever accessed any sort of counselling** or advice services and they do not know how they would access these services if they wanted to do so.

Dignity and respect at work

- Most reported being **treated with dignity and respect by colleagues and managers**. Many praised their managers for their kindness and support and feel 'lucky' when they are treated well. Others reported keeping their problems and concerns hidden from everyone at work and worrying that their colleagues and bosses might find out about the difficulties they experienced outside work.

Complex and busy lives

- Because of the complexity of their lives and the cost and unreliability of transport, any **changes to working hours and patterns** - particularly if imposed without taking account of individual circumstances - present real difficulty.

Unwillingness to seek help or advice from employers and others

- There was an almost universal insistence among the people we spoke to on **the importance of appearing 'strong', working hard, not complaining and coping well** with adversity. Workers do not want to 'make trouble' at work and are generally reluctant to ask for help from their employers.

Financial worries

- Everyone we spoke to cited **lack of money as a source of stress and anxiety**. They worry that their incomes will no longer cover their outgoings and fear that this will get worse over the coming months. Those who have previously been able to save are finding it increasingly hard to do so. Many people said they planned to ask for more hours of work to help cover their escalating outgoings.

Hopes and fears for the future

- People over forty are less optimistic about their futures. Although they had started out with high hopes, they now feel 'stuck' in their current jobs. They feel that they have spent their lives working very hard just to keep their heads above water and now do not have the money, time or energy for personal development or training. Although some would like to change jobs, they feel it is too risky to take on a new position or make a sideways move because they cannot risk losing their current job security. There is a desire for employers to acknowledge their personal aspirations as well as their potential, and to create opportunities for them.
- Workers over fifty are tired of working and many are in poor health. They talked about wanting to retire or reduce their hours but not being able to afford to do so. Several have complex caring responsibilities and are looking after elderly parents, sick partners and adult children as well as providing childcare for grandchildren before and after work.

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6. The research

The research was carried out between July and September 2022. Eight businesses in the City of London helped us find workers to take part in the research and 23 structured interviews were conducted, some face-to-face and some remote. In addition, a five-person focus group was carried out. During the same period 57 people responded to a short online survey which was promoted in a free London newspaper and across the UK on Facebook. Three of the survey respondents agreed to be interviewed, bringing the number of interviewees and focus group members to 31 and the total number of participants, including those who responded to the survey, to 85. The interviewees and focus group participants were given a shopping voucher to thank them for their input and the survey participants were entered into a raffle for a £100 prize. The focus group and the interviews were all conducted by the same researcher.

The interviewees and focus group participants worked in a range of different sectors but predominantly in cleaning and housekeeping, catering, security and construction (table 1, p.15). The interviews and focus groups allowed us to have detailed conversations with 17 men and 14 women ranging in age from 20 to 64 (table 2, p.15). Two thirds of these were first generation immigrants (table 3, p.15).

The survey attracted some people working in similar roles to those of the interviewees; but responses were also received from workers in nursing, social care and education, minicab driving and retail. We did not gather information about age or ethnicity from the survey respondents.

This is a qualitative report which highlights the voices and experiences of the people who took part through quotes and case studies. Most of the quotes are taken verbatim from the interviews but the report also includes some of the 'free text' contributions from the survey respondents. All quotes are anonymous, and in the case studies, names and some details have been changed to protect the identity of the contributors.

An upside-down world

(anonymous written response to survey)

"I leave children at my home in charge of my 15 old daughter. It is hard for her but we need my pay to live and this she knows. I live in an upside-down world, I work when others are sleeping. I can feel very alone. I work in a big bank and sometimes people still working and I annoy them. Grunt at me. I empty bins and see how much foods are thrown away. I feel sad. I cannot go to child's school, more sadness. I would like to do different but cannot find daytime job. English is poor, sorry if this is confusing. Google translated mostly."

7. The research findings

In considering what employers can do to improve the health and wellbeing of hidden workers, it is important to recognise the extent to which working lives are affected by factors well beyond what happens during working hours. Life and work are intertwined in complex ways for everyone; but these workers in particular face challenges which many others do not experience to the same extent.

This section summarises the research findings to give a picture of what life is like for these workers. It looks at the impact of long hours of work and travel on home life, eating, sleeping, rest, relaxation and relationships with family and friends. It goes on to consider how they are treated at work and how the work environment affects their physical and mental health. It reflects on their responses to increasing financial pressures and concludes with a picture of their hopes and dreams - and fears for the future.

7.1 Working long and anti-social hours

Only a small proportion worked night shifts, but the vast majority worked 'anti-social hours', either starting before 7am or finishing after 7pm. Most worked the same hours every week but some worked shifts, with their start and end times varying from week to week. More than half worked over nine hours a day and almost a third worked over 11 hours a day (table 4, p.15). Our conversations and the comments on the survey made it clear that this combination of early and late working and long hours creates practical difficulties, affects relationships and has a direct impact on mental and physical health and on their relationships with partners, children, and their wider families and communities.

The early risers spoke of having to get up in the middle of the night and go out 'with the foxes' and of their 'zombie existence'; getting out of bed at the last possible minute when their partners, children and pets are still sleeping comfortably. They talked about the darkness outside their bedroom windows, skipping breakfast or rushing out of the house with a piece of toast in hand and catching up on sleep on the way to work. One has a 'list of hopes and dreams' on the inside of his front door which he reads every morning as he leaves home to help him stay motivated.

Although the hours they worked might be considered 'anti-social' by others, for some there were benefits to working such hours as they allowed them to share caring responsibilities with other family members or to have time off when it suited them.

"I work in retail (supermarket) from 4am to 9am. The job is fine, staff nice, role manageable. It can be difficult, especially in winter, to get up and out. The advantage is that I have the rest of the day free."

At the other end of the day, the late workers described never being around to put their children to bed, their partners being asleep when they come in, eating late and not being able to settle to sleep for several hours. Those who worked nights talked about the strangeness of going to work as others were heading home, of long-term disruption to their sleep patterns and about journeys to and from work being longer and more complicated than during normal working hours.

Those who had other family members depending on them tended to work the longest hours and also, particularly in the case of the women we interviewed, took on the majority of the domestic work: running the household, cooking and preparing meals in advance for their families to eat while they were at work, shopping and cleaning. Several women whose jobs involved cleaning continued to do so as soon as they got home and at weekends.

"My hours vary anything from eight to twelve hours per night. I'm a cleaning supervisor but I never have any energy. I sleep most of day then shower, have a quick bite to eat and work again sometimes nine nights in a row, I'm on a zero hours contract so if I don't work I don't get paid, I have to work to pay my rent and bills and food for my son, yet there never seems to be enough money to do anything else. I can't afford to have the nights off. I only have time for one meal a day which can sometimes be only a quick sandwich."

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7.2 Travel

Most people's journey to work, by combinations of foot, bike, train, underground and bus, lasted around an hour (table 5, p.15). Some, including all of those who cycled, took less than an hour to get to work and around a quarter took over an hour and a half.

"Trains would be a lot faster for me but it is too expensive."

Some chose to use more expensive forms of transport so that they did not have to get up quite so early or because those modes of travel were more reliable, and they could therefore be more confident about getting to work on time.

"I currently rely on public transport, which means with travel my work day is fifteen and a half hours."

Trains and buses could be very busy with limited seating leaving people standing for long periods when already physically tired. Some worried about catching Covid or other illnesses on over-crowded public transport. Others said they deliberately left home earlier than they needed to or stayed on at work after they had finished to ensure they got a seat, thus further extending their working day.

The unreliability of transport and poor information was a particular problem for night workers with cancelled services and misinformation making journeys longer and more stressful. However, the journey to and from work also played an important part in some people's wellbeing allowing the opportunity to catch up on sleep, listen to music, read, watch films or meditate. Those who cycled saved money, got some exercise and avoided the crowds but some found it difficult and stressful to cycle at busy times.

"The only time I get on my own is on my bus journey and the train. I dread if someone comes and sits next to me and wants to talk."

"I do agency hospitality work. The biggest issue for me is transport options. Coming home at 4am in the morning using night buses. Competing to get on with a drunk party."

7.3 Home life

Living arrangements varied widely from those who lived alone in single rooms or one-bedroom flats, to couples and families living in shared flats or in multi-generational family households. Several women lived with their children in single-parent households and a number of older couples and single parents had adult children living at home who were financially dependent on them because they were studying, unemployed or in poor health. Most households were able to rely on two or more incomes but money was a particular problem for single-parent households with older or adult children who were not bringing in an income. In several families where there were young children, parents worked different hours to each other to ensure that one parent was able to look after the children at any given time. In the single parent households, older children helped with childcare. Those in their twenties who were working but still living at home wanted to move out but could not afford to do so.

Several people were caring for sick relatives at home. This included a woman looking after her husband who was recovering from cancer treatment; another person who was caring for her elderly and frail father; and a third who had her daughter with a long-term condition plus her three-year-old granddaughter living with her.

The majority lived in private rented housing. A very small number of the older people were paying mortgages. The younger people were keen to move out of their parents' homes and become independent while several of those over forty who were living alone reported feeling lonely and isolated. Those living in shared housing reported crowded conditions and finding it very difficult to find privacy or peace.

7.4 Impact of working hours eating and shared mealtimes

"I do not eat when I get home. There is food available at work but if I miss it I don't eat it later because I do not like to microwave food."

For most people, particularly those who lived with family members, meals were a significant part of their lives but working hours often made it difficult for them to share mealtimes with family. Those whose work schedules allowed them to be at home in the evenings talked about the importance of eating with their family and described the detailed planning and significant effort that was put into mealtimes. Several women who were not able to be at home for family meals talked about the significant effort they made during their time away from work to shop for and prepare meals to be eaten in their absence.

Most of those who started work early did not eat breakfast before they left home but did so on their 'breakfast break' at work several hours later. Those who came home late in the evenings tended either to not eat at all (sometimes, but not always, having had an evening meal at work) or to eat a later meal but it was acknowledged that eating late tended to mean that they went to bed very late as they could not sleep immediately after eating.

"I work for ten hours. Most of the days I don't eat anything. I just have a coffee in the morning. I have plenty of energy. Then I go to college from six to nine and then I go home and if I have power I cook but at this time I sometimes do not have power so I just have a shower and go to bed because I must get up again very soon."

7.5 Resting, relaxing and taking part in activities outside work

For some there was little opportunity to relax and unwind after work or at weekends. Those with significant caring responsibilities (either for young children, grandchildren or ill partners) described being physically active for several hours after returning from work, predominantly with housework, cleaning, cooking and childcare and said that they did not have either the time or the energy to undertake any other activities.

For many, weekends were spent preparing for the week by cleaning, food shopping and cooking. Involvement in faith groups took up a considerable amount of time for some. If time was available at weekends, the wider family might be brought together, often by those who were grandparents. This brought pleasure but could also be hard work and expensive.

Although very few took part in organised sports events or training, some people took part in casual football matches with friends or family. Travel and hobbies were important for those who had the time and energy to pursue them, with hobbies including walking, dancing, wood carving and photography cited as ways to relax and unwind. Some of those who had more time outside work were studying for degrees or other qualifications while others used any spare time they had to top up their incomes with informal working such as online work or picking up small pieces of paid work with friends or family.

"My night shower is the only place where I can relax."

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Latifa's story

"I try to explain to my son that life is not easy. It is not easy for everyone."

Latifa is in her early forties. She was born in West Africa and moved with to Southern Europe as a young adult where she worked as a cook. She separated from her husband and she moved to England leaving her three children behind for five months. During this time, she found somewhere to live, got a job as a cleaner and saved £5,000. She brought her children to the UK. She speaks English reasonably well and is fluent in her native language and three further European languages. Her two younger children are at secondary school and her oldest child is not working.

Latifa works as a cleaner in a large office in the City of London. She works a five-day week from 5am to 5pm. On Tuesday, Wednesday and Thursday she also does a seven-hour shift from 7pm to 2am cleaning in a school but if she gets the job done quickly, she is usually able to leave before midnight and still be paid in full.

Several nights a week Latifa only manages to fit in two hours of sleep between her two jobs. Although she is physically well, she says she is often very tired.

"Sometimes I cry in the toilet at work."

At weekends and on the evenings when she is not working, she shops, cleans, cooks an evening meal and prepares meals for her children to eat while she is at work. She has no close friends in London and describes her middle child as her best friend. She relaxes by listening to music. She does not have the time or energy for anything else.

"Work makes me physically tired all the time and sometimes mentally tired too. When I get home I am too tired. I listen to music. I would like to go to dance classes but I am tired, tired, tired. But I am happy because I am working."

She says her manager is very kind to her and she has good relationships with colleagues. She is treated respectfully by others in the workplace, but she does not complain or discuss her family life with anyone at work. She would like a different job, perhaps to return to being a cook, but she thinks she needs to improve her English first and, based on her previous experience, she worries that she will not be able to cope with the physical and emotional stress of the working environment.

Previously her employer had offered to provide one-to-one English lessons during her working day but she refused because she knew that she would be too tired to concentrate as the classes took place on a Friday after three nights of missed sleep.

She says that in many ways her life is hard, but she remembers that as a child she had very little to eat and survived mostly on rice and butter. She considers that despite her difficulties she is better off in London than she was when she was growing up. At the moment she is just able to cover her rent - which is £1,800 - plus her other costs but some months she has to ask her manager for a small advance. She depends on her weekly child benefit of £35 to pay for food. She wants to give up the second job and thinks she would be able to do so if she got a house through her local Council, as her rent would be lower. But she does not think she would be entitled to social housing and she has not made any attempt to investigate it. She receives no benefits and has never tried to get advice about what she might be entitled to. She is very clear that she does not want to receive benefits because she thinks they should be only for those who are unable to work. She thinks it is time her eldest son got a job, and she feels he is taking advantage of her, but she has not yet been able to have a conversation with him about this.

7.6 Physical health

Most people had jobs that were physically demanding and spent most of their time on their feet. Many of the older people had physical problems that they believed were caused by their work. Cleaners in particular reported aches and pains in their joints and sometimes found it difficult to do their work as a result.

"I have pain in my knees. It takes me a long time to get moving in the morning. "

"My job is very tiring. I want to stop. When I get home I do not want to do anything physical because I am moving all the time at work."

Some had sought help for these problems from their GP, but they generally felt there was little point in approaching them about such problems. Those who had gone to the GP with such concerns complained that they had not been given any substantive help or advice. Some took painkillers or sleeping pills. Others spoke about just having to put up with pain and discomfort. A small proportion paid privately for physiotherapy or massage or did exercise to alleviate their problems.

Several people told us that they had taken deliberate steps in the past to change their job because they felt that their work had been making them unfit or unwell. One person, who had lost his job during the pandemic and had then worked as a minicab driver for over a year, found that when he returned to his job as a security guard he lost weight, felt healthier and was happier. He recognised that this was because he was getting much more exercise and his diet had improved. Another, who worked in housekeeping, reported that the constant activity he undertook at work meant that he was very fit.

Many of the younger respondents reported being very fit and healthy although a few had relatively minor physical complaints which did not currently affect their work such as 'a dodgy knee' or 'pain my back and my ankle'. Nevertheless, they all recognised how important physical fitness was to their work and their job security.

"There is a dangerous side. It makes you feel alive. Even the most experienced scaffolder can make a mistake. I like to think I am fit and strong. I do worry about getting an injury but I try to just be careful and not think about it."

One organisation has offered its contracted staff access to its gym but uptake by this group of workers had been limited. A variety of reasons was given. Some simply wanted to get away from work as quickly as possible at the end of their working day. One person had used the gym once a week for a few months but had stopped because she felt she needed to go straight home after work to look after a sick relative. Others said they were just too tired after many hours on their feet to spend more time doing something physically demanding.

7.7 Mental health and wellbeing

Many of the people we spoke to said that they enjoyed work and that going to work had a positive impact on their physical and mental wellbeing. Younger people, those who had more responsibilities for the work of others (such as team leaders) and those whose work was more varied, reported greater job satisfaction and were more likely to say they were happy at work. Older people and those who had been doing the same job for a long time reported being bored by the repetitious nature of their work or finding it physically exhausting. Nevertheless, a few of the older respondents were keen to stress how fit and energetic they were, something they attributed to the physical activity associated with their work. These individuals worried that stopping work would be detrimental to their physical fitness.

People spoke about their mental health in many different ways. Some were open about issues such as anxiety and depression and how they managed the challenges they faced. Others told us how they dealt with the pressures in their lives but did not want to discuss 'mental health' as such. Most of the people we spoke to made it clear that they were very unlikely to discuss their mental health or any of their personal concerns with colleagues or managers or to let people know if they were having a bad day or difficulties outside work. However, most said that they could imagine that there would be times when they would be happy to talk to a counsellor or other adviser who was independent of their employer.

Every interviewee and those who took part in the focus group stated that financial issues caused them a degree of stress and that having more money would help to relieve some of this anxiety. Some had taken on or were hoping to take on more hours to increase their income. Others wanted to reduce their hours to improve their quality of life but could not afford to do so. Most recognised the impact of long hours on their lives and on their physical and

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mental health, but their absolute priority was to be able to continue to cover their increasing outgoings.

When asked what caused them stress in the workplace, team leaders described finding work stressful because of having to deal with the staff they managed and, in some cases, not having enough time to complete work within their paid hours. One reported that he worked an extra forty minutes to an hour each day but his request to be paid for this time had been refused. He continued to work late regularly because he knew he would feel stressed about going to work the next day if his work had not been completed the previous day.

For those with fewer responsibilities stress was caused and compounded by the way in which their wider lives were affected by long hours away from home and by physical tiredness. Those who had caring responsibilities spent time at work worrying about those they cared for at home.

There was a powerful desire to be seen as strong and capable of coping with the many challenges they faced in their lives. For first generation immigrants who accounted for the majority of those we spoke to, this attitude was conveyed very strongly. They felt compelled to not complain about their current circumstances as they considered life would have been much harder in their home country.

"Because we come from a difficult situation what seems difficult in this country is easy. It makes us stronger when we compare with home. It is difficult to compare myself with people here because they have been living with a different reality."

Older women who had been born in the UK with significant family and care demands had a similar mindset.

"I get very tired and very depressed but I just get on with it."

Isolation and loneliness outside work were factors for some and for others, social contact beyond their immediate family was very limited. For these individuals work was an important part of their social wellbeing. By contrast, others felt strongly that they needed to preserve their privacy at work and stay outside work social circles.

"The only people I speak to are my husband, my son and God."

7.8 Sleep deprivation and disruption

One of the most striking findings of our research was the number of people who told us that they did not get enough sleep. This was not limited to night workers, with daytime workers also having problems. Long days and very early starts meant that almost everyone we spoke to felt that they did not get enough sleep. The most extreme example was the cleaner with two jobs who regularly had no more than two hours sleep but many others also said they had no more than five hours sleep a night.

"I go to bed at 11pm and I get up at 3.45pm but I get a maximum of four hours sleep. When I am on the night shift I sleep in the day but it is a bad quality of sleep. I keep drinking coffee and energy drinks and taking multivitamins."

Limited time for sleep was exacerbated by insomnia which was reported by a third of the group, affecting men and women and all age groups equally.

Even the minority who did not have sleep issues talked about their exhaustion upon getting home, with two saying they slept almost as soon as they got home but most saying that they needed a few hours between coming home from work and going to bed; to do household chores, eat, spend time with family and unwind.

"I am dead when I get home. I just go home and sleep. I don't eat anything. I would like to go to the cinema or the theatre or see my friends but I cannot do anything so I go straight to bed."

A few people had discussed their sleep issues with their doctors, but most felt it was too hard to get an appointment with their GP, that their concerns were not serious enough to warrant contacting their doctor or that they would not be able to help.

7.9 Breaks, food and relaxation at work

Almost every worker had two breaks in their shift, usually a short break of fifteen minutes to half an hour and a one-hour meal break. Many brought their own food to work, not only because it was cheaper than buying ready-made food, but also it was seen as more nutritious and substantial and more to their taste. Several talked with relish about the meals they prepared at home and brought to work with references to 'delicious stews' and 'proper meals' and how much they looked forward to them. Kitchen facilities were available, and most people were happy with the space provided for them to eat and relax.

The canteen staff in one large organisation were given free meals which they very much appreciated – although very easy access to unhealthy food was not helpful for weight management. Interruptions to nutrition and hydration were also reported in other ways. One construction worker reported that on the hottest day of the year he had been working in 40-degree heat inside the roof of the building, but no water had been provided. One person who worked a ten-hour day as a receptionist had no formal breaks but was able to go into a nearby kitchen to eat if the reception area was quiet - but she was not allowed to eat at her workstation.

[3] See Latifa's story

7.10 Relationships with managers and colleagues

Almost everyone said they had good relationships both with their immediate colleagues and their managers and that they were treated with respect. It was recognised that there would always be occasional disagreements or clashes between workers; but these are generally managed well either by colleagues or managers.

"My line manager is like a father to me. He looks after me."

The survey respondents were more likely than the interviewees and members of the focus group to express dissatisfaction with the way they were treated by managers and others at work.

"I'm not valued or kept in the loop about service users. I'm at the bottom of the pile. Other staff are more valued. I pay into collections for other people's birthdays but mine is ignored, not mentioned. I am treated like I am lazy and don't do anything. My opinion is not worth anything nor my experience"

A significant number of people talked about making efforts to avoid trouble or conflict with others while at work. Where they worked in service or support roles in large organisations, very often through agencies or as contractors, they reported being treated with respect by the employees of the company or institution. A few mentioned specific individuals in senior roles who were rude to them but far more spoke warmly about being treated respectfully and kindly. One woman who worked as a receptionist and had no cover, reported that staff often offered to buy her coffees or lunch when they went out.

7.11 Racism, respect and dignity at work

Generally, workers reported being treated well by managers and colleagues. When asked directly if they ever experienced racism at work, a significant majority of those who were from minority ethnic groups stated that they did not experience any racism at all. The small number who did, said that racism was often not overtly expressed because people had learnt that they could not say anything racist at work. Those who reported overt racism or racist comments from co-workers said that they would 'walk away' or 'ignore it'.

Racist language was experienced most commonly by security guards working in public spaces who would at times be verbally abused by members of the public. They said that they would normally report any racist incidents or comments to their managers who would address it appropriately. They said that dealing with racism and abusive behaviour in this context was 'part of the job'.

Some comments were made about the inequity of benefits and privileges being given to directly employed staff but not made available to contacted and agency staff. Examples included on-site health care services for staff, greater flexibility about working hours and longer holidays.

"I would love to join a choir and maybe one day I will. The office has a choir but it's at lunchtime so there is no way I could do that it would cause so much of a problem if they allowed us because there would be a knock-on effect for other staff."

One workplace had carried out a reorganisation which had meant a lot of changes to management lines and to shift patterns. This had unsettled some long-standing staff members who had had to change their travel and domestic arrangements to

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fit into the new work patterns. They felt that their requirements had been ignored while other people's views and preferences had been taken on board.

7.12 Caring responsibilities

A considerable number of the people we spoke to held caring responsibilities which impacted their work. Responsibilities for sick parents, partners and children put a heavy strain on them emotionally, practically and financially. In some cases, they had had to reduce the hours they worked or take unpaid time off work to accompany their family members to appointments.

"My daughter has epilepsy and she has three kids so I am always looking at my phone. This was one of the reasons I did earlies because I needed to get home to help look after the children - but they did not accommodate this when they made the changes to the shifts."

Those with children tended to have arrangements in place so that one or other parent or another family member could cover childcare at any given time. For most, if there was an emergency with a child, or an important event at school, employers were understanding and flexible. However, there was a reluctance to take time away from work in such situations, partly because of wanting to be seen as being committed to their job and partly because they did not want to let people down or put extra pressure on colleagues. Some of the older workers we spoke to helped look after grandchildren, either before or after school or in the school holidays, adding to the complications of organising their lives around work.

The majority of the people whose families lived outside the UK sent money back to them on a regular basis and tried to visit when possible. Although most were keen to travel back to see their families, since the pandemic the increasing cost of travel made this difficult.

Elaine's story

"I go home and sometimes I can't move when I am so exhausted."

Elaine is in her fifties and works in catering in a large City office. She lives with her husband who has been on sick leave for several months following surgery for cancer. Although her husband is receiving sick pay, he used to work overtime and without this extra income they are £600 a month worse off. Her adult daughter, who works part-time and her 5 year-old granddaughter live with them. Elaine provides some financial support to her other daughters and at weekends she hosts them and her other grandchildren in her home.

Before the pandemic Elaine worked regular hours, starting early and finishing mid-afternoon but recently a new shift pattern has been introduced which means that on some days she starts and ends several hours later. This does not suit her as she needs to be at home to help with her granddaughter. On the early shift she leaves home at 5.30am. Her journey to work takes an hour and half and involves two buses. She gets the train home which is fifteen minutes faster than the bus but can be very unreliable.

When she gets home from work, she does several hours of housework. She thinks she does too much cleaning, but she feels it is important to keep the house running smoothly. She worries a lot about her husband, her daughter and her granddaughter. Her relationship with her husband is strong but living with her daughter and granddaughter can be difficult at times.

Elaine goes to bed at 10pm every night and falls asleep straightaway but she wakes up 45 minutes later and then is wide awake for many hours.

Elaine and her husband are able to pay their mortgage and bills at the moment. She would like to stop working but she does not think she can afford to do so. When her husband came home after his operation, she took two weeks off work to be with him. This was unpaid leave and she had to take money out of her pension to cover this loss of income.

"I was seriously thinking of making an appointment with my doctor, you know because I am getting too old for this now. I have no break when I get home and all the grandchildren at the weekend – it doesn't stop and I do all the cooking. I find it gets a lot harder as I get older. I always have to go (to the GP) as an emergency because our waits are weeks. My sleep is not an emergency. I would go if I was really ill, like a chest infection – I had that and I was really ill. I won't go and see the GP about my sleep because it's about me, it's not about somebody else."

"I used up all my holiday going for appointments with him. I had to. It was tough at times and he's a worrier so I could not tell him anything. I have not asked for counselling as I have been too busy and if I do that it just builds up somewhere else so the pressures come. We are very private, my husband is very private – work is like my family. Sometimes I have a bottle of wine to myself in a corner but that doesn't help with the sleeping so that's not a good route to go down. I do a lot of walking. I love to dance but again, it's finding the time."

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7.13 Money worries and the increasing cost of living

"I believe everyone who works deserves to get enough money to live with dignity."

Although money was mentioned as a source of worry by everyone we spoke to, they were all very keen to emphasise how careful they were with their money and how well they managed it. No-one mentioned being in debt and most people said they were still able to save a small amount each month, although several said this had become increasingly difficult in recent months and many expressed concerns about how long they would be able to continue to do this if costs continue to rise. There was a general view that people who worked ought to be able to 'pay their way' without needing to borrow money or receive benefits.

Several of the people we spoke to had either lost their jobs or lost some of their income during the pandemic. Most said they were now recovering financially and were glad to feel more secure in their employment status.

Some said they had recently taken steps to reduce expenditure by, for example, bringing their own food to work, using cheaper forms of transport or not going to pubs or eating out. However, most of their money was spent on unavoidable costs such as rent, bills and food, all of which were increasing in price or likely to increase soon.

We began our interviews in mid-July 2022 and at that point there was already some anxiety about increasing costs, but most people felt they would be able to manage. By the time of our final interviews in early September 2022 the tone of the conversations was very different with real fear being expressed about possible large increases in the cost of living and whether people would be able to pay their bills.

Generally speaking, the younger and single people were the least concerned about increases in the cost of living reflecting the fact that they were currently confident about their ability to afford things but, by contrast, the older people and those with dependents, who were already struggling to some extent, were very worried about what lay ahead.

"It is really noticeable now. Until recently I had £300 in the bank at the end of every month but now I don't. My son's request for money really stress me because I have to say no."

Although almost everyone said they would like to have more money, when asked how they felt about the increase in the cost of living only one person said that he thought he or his fellow workers should be paid more. One person made it very clear that he did not want a pay rise and considered that he was paid enough. A much more common response was asking if they could work more hours. No mention was made of differentials between their pay rates and those of others working in the same organisations or elsewhere and no sense of unfairness was expressed.

7.14 Accessing and using health services

We asked people about whether and how they used services such as GPs, hospital out-patient appointments, counselling and advice services. There was a mixed response to our questions about getting appointments to see a GP. Some people said they had no difficulty in getting an appointment and praised the support they received. Others insisted that they did not need health services and that access was not an issue for them.

"My GP takes good care of me. I can't complain. I can still wake up and go to work. That is something."

However, around half said it was very difficult to get an appointment with an NHS GP. Several people said they would go to a GP for an 'emergency' or if they were very ill, but they would not go to discuss long term problems such as aches and pains, issues such as insomnia or mental health even if these were having a significant effect on their work or on other aspects of their lives. The reasons given for not going to the GP varied. Some were not free to call at the time designated by their practice (usually 8am); some could not get an appointment, or a telephone call-back at a time that fitted in with their work; some did not think their concern was serious enough to warrant taking up the doctor's time; some had previously gone through a negative experience with a GP and some did not believe the GP would be able to help them. For some A&E was seen as being easier to access than their GP surgery as they could attend at a time that suited them.

"I get up at 5am every morning, I get to work for 6am, I clean a very large secondary high school, have a break, then start in the school kitchen which is also very busy and a slog. I finish in the kitchen at 1.30pm and then go back into the school to clean till 3pm. I literally crawl to the car, get home, eat fall asleep, then repeat it all again the next day, for 5 days. I dread being ill as I can't ring the doctors as I'm at work, as they open their phone lines at 8am and by the time I've finished at 8.30am, I can't get through."

"I do not have trust in doctors. I went to the hospital once but had to wait a long time. I only go to the GP when I am called. I normally just go to A&E when necessary."

" I have problems with my knee and I take medication for it but it is very difficult to get an appointment. "

"I tend to go the hospital if my child is sick rather than the GP."

Most believed they would be given time off work for GP or hospital appointments, though they would not be paid for the time they spent away from work. There was a view that they needed to demonstrate to their employers that they were fully committed to their job and they worried that taking time off would make them appear unreliable, possibly putting their job at risk.

The current practice of a GP calling a patient back at an unspecified time during the working day was seen to be very unhelpful as people were generally not able to take calls during their working hours without pre-arranging time off. One person reported that she had missed several such calls because she had been busy in her job as a receptionist. Each time she had missed a call the process of calling the surgery had been repeated. The practice had not given her any other option and had not been able to arrange a set time to call her so that she could make arrangements to be available. As a result of this she had decided that the only way she could be seen by a doctor was to move to a different practice which operated a different system, but she had not yet been able to find one.

Very few people had ever received counselling or professional help for mental health issues. Of those who were willing to speak about having mental health concerns, such as depression and anxiety, some said they might consider seeking professional support but they did not know how to access it and had never done so.

7.15 Hopes and dreams

We asked everyone about how they saw their future both in the short term and in the longer term. One wanted to become a professional photographer; another had set up a small communications business which she hoped might one day allow her to leave her job as a security guard for which she felt she was now too old; another hoped to be able to buy his own home and a fourth planned to become a millionaire within ten years. Several people wanted to go and live abroad and 'sit in the sun'. Others just wanted to stop work completely.

"Sometimes as workers we need to see that the company is looking at our dreams."

The younger people at the beginning of their working lives mostly expected to progress in their careers and to be doing different jobs and earning more money in the future. Several members of this younger cohort were studying for qualifications which they hoped would help them progress. Despite their efforts and enthusiasm, however, they recognised that it was very hard to study and work at the same time. They reported sometimes being too tired to study after work and they were concerned that if their living costs increased, they would have to spend more time working and would have less time and energy to study.

"I put my job first so it is difficult to study. It is possible if your husband is on a high salary. At this point we are not able to study. It takes many hours to travel and study. If the wages were higher I would work part time and study."

Some of the people we spoke to had been offered training at work. They had taken advantage of this because it allowed them to take on new roles within their organisations although this had not always led to higher pay rates. Some expressed

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the view that such training was offered to help the employer rather than for the benefit of the employee. Several people felt that their employers should give them the opportunity to improve their skills so that they could be promoted within their organisations. They argued that their organisations would benefit from their expertise and they, as workers, would earn more money. They recognised that providing such training would require an outlay on the part of the employer, but they felt that both they and their employers would benefit in the long run. They felt it should be possible to reach arrangements whereby employers did not lose out. Some said they would be happy to have some pay deducted if they were receiving training that would help with their personal development leading to possible promotion or wider opportunities.

There was a sense that the younger immigrants felt that this country offered them opportunities that would not have been available to them if they had stayed in their country of birth. By contrast, immigrants over forty felt that the opportunities when they had arrived in the UK had since evaporated and it had been much harder to 'succeed' than when they had arrived here. For them, the greatest barrier to progress and better paid jobs had been having to work so hard for so many years just to survive and support themselves and their families.

"I talk to other people doing these sorts of jobs. They often say they do not have opportunities. They feel like mentally they are thinking there is no way to reach their potential or the dreams they had when they were younger and when they are older they feel like they do not have the energy or the time has passed."

Many recognised that there were better paid jobs available which they believed they would be able to do but they were reluctant to apply for such posts either because they felt they would not be successful or, if they were, the new job might turn out to be less secure than their current position. In the present climate they could not afford to be unemployed even for a short time and they therefore could not take this sort of risk. This anxiety and reluctance to consider changing jobs was strong across all age groups.

"I would like to move out of this sector. I need people to be patient with me and give me opportunities. It is difficult to take risks. It's a big step."

Of those who felt they had not achieved as much as hoped upon first arriving in this country, the parents of the group were very keen that the next generation should gain better paid and higher status work than them. Many of the parents spoke with pride about their children doing well in school, going to university or having good jobs but also expressed anxiety about their futures and whether they would end up having experiences similar to theirs.

There was a degree of both worry and resignation among those in their fifties and sixties about coming to the end of their working lives, all of whom said they would like to stop working soon but they did not know if they would be able to afford to do so. Several said that they hoped to move abroad when they stopped work, returning to their home countries or going elsewhere. They expected by doing so they would be able to maintain a better quality of life than in the UK. A small number worried that if they stopped working they would lose their purpose in life

Jose's story

"I need to change my job and my career. I like to learn but I am stuck. I am not looking for a job because I get anxious when I start to look for jobs. It is only me that can change it. It is only me that can unlock it. Sometimes I feel I am losing opportunities."

Jose came to the UK at the age of 17 and is now in his forties. At first, he found living here exciting and challenging but he has now been in the same job for many years. He is proud of the work he does but he finds his job very repetitive and says he could do 'with his eyes closed'. He gets on well with his colleagues and says there are more positives than negatives to his current job.

He works long shifts and is always tired when he gets home from work, so he has a sleep and sometimes goes for a walk or a run, always on his own. He used to meet friends at the pub, but he has stopped doing this as he could not afford it and he worries that he ended up drinking too much.

He has no family in this country but sends money home to his mother to pay her rent. For this reason, he is only able to afford to live in a single room sharing a bathroom with several other people whom he does not know. He is very worried that his mother's rent may increase in the coming year because he knows he will not be able to increase the amount he sends.

During the pandemic he chose to come to work every day, despite being very scared that he might catch Covid, because he did not think he would be able to cope with being alone in his room all day, every day. He has suffered from poor mental health in the past. He takes medication for anxiety which helps but he still suffers from very low mood at times.

"Sometimes I say to myself, why do I have to take medication to live my life? Why can't I be strong enough to deal with these situations in my life? Sometimes I get so angry with myself when I see other people progressing."

Jose believes that his job is secure, but he thinks it might be good for him if he lost his job as it might be the push that he needs to make a change to his life. At the same time, he feels he cannot take the risk of leaving his job in case he ends up in a less secure position and he absolutely cannot afford to be without a job.

He thinks he should go and talk to his doctor about his mental health, but he says it is very difficult to get an appointment. He recently spoke to a doctor to get a repeat prescription, but he did not have a further conversation with him. He thinks he needs a medication review, but he has not done anything about arranging it and he has not been called by the GP.

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8. The bigger picture

This report is about the views and experiences of just 88 people. But there is considerable evidence from a wide range of sources both in the UK and globally which shows that these individual stories are, in many ways, universal stories.

We know that:

- Poverty damages health and poor health increases the risk of poverty. When people do not have enough money to pay for food, housing, heating and other essentials they suffer directly through having a poor diet and living in an unhealthy environment. They also suffer indirectly because of the impact of chronic stress on their physical health, their mental health and their relationships with others[4].
- Paid employment can represent a way out of poverty, but only if the wages and working conditions are sufficient to support an adequate standard of living.[5]
- Having a job and going to work is good for people in many ways, both in terms of their physical and mental health, but it can also be harmful. There are things that employers can do to mitigate some of this damage.
- Shift work can be positive for some people but can also be harmful to health. Those on the lowest incomes are the ones who are most likely to have shifts cancelled at short notice often leading to a loss of income, making it impossible for people to plan their lives and leading to people incurring extra costs.
- Working long hours, defined as 48 hours per week or more, increases the risk of experiencing fatigue and accidents. The World Health Organisation has found that exposure to long working hours (of 55 hours or more a week) is the occupational risk factor most associated with increased mortality, responsible for around 750,000 deaths per year globally due to an increased incidence of stroke and ischaemic heart disease.[6]
- Job insecurity is associated with poorer health.[7]
- For a large proportion of the global population, mental health and work are integrally intertwined. Mental health is more than the absence of mental health conditions. Rather, mental health is a state of mental well-being that enables people to cope with the stresses of life, to realise their abilities, to learn well, work well, and to contribute to their communities.[8]
- People living in poverty or on low incomes are more likely to miss out on routine screening and vaccinations and to receive late diagnoses, leading to poorer health outcomes for a range of conditions.
- Lack of sleep and/or disrupted sleep has an immediate effect on mental and physical performance and, over time, has a serious impact on physical health.
- 140 million working days are lost to sickness each year, costing the UK economy £15 billion. If staff do not feel able to take time off when they are ill, they take longer to recover, and this can lead to longer-term health conditions.[9]
- People with higher levels of education and skills live longer than those without. Supporting education and training helps individuals, businesses and communities by improving health outcomes and reducing inequalities.

[4] Fair Society, Healthy Lives (2010) and Marmot Report 10 years on (2010), Institute of Health Equity
[5] OECD (2009) Policy Brief In-Work Poverty: What Can Governments Do? (2009)
[6] WHO/ILO (2021) Joint Estimates of the Work-related Burden of Disease and Injury, 2000–2016.
[7] The quality of work and what it means for health, Health Foundation (2021)
[8] World Health Organisation (WHO) guidelines on mental health at work (2022)
[9] Impact of increased cost of living on adults across Great Britain, Office of National Statistics (ONS) 2022

9. Recommendations & suggestions for business

One of the key objectives of this piece of work is for employers and those who procure services to be able to take action to improve the daily lives of hidden workers.

Some suggestions are set out below.

9.1 Daily Modifications

- Give certainty of hours so workers can plan to mitigate some of the impact of their working hours
- Encourage and make provision for breaks or different patterns of breaks to combat fatigue
- Encourage use of relaxation or mindfulness such as via apps to listen to while travelling
- Provide access to healthy food on-site if provided to other employees (such as those that are contracted)
- Provide facilities for preparing fresh food or meals brought from home

9.2 Management Considerations

- Review communication to hidden workers for available support such as Employee Assistance Programmes (EAPs) and access to training courses
- Ensure a suitable space is made available for rests and eating
- Make provision for confidential calls to health professionals and schools
- Do not assume your third party partners in this area can implement any changes alone – they will need support and often additional budget within existing contracting arrangements
- Consider amending policies to allow an additional paid 'flex' day per year, booked with six weeks' notice, to support education, caring or family commitments

9.3 Procurement Considerations

- Review specifications, shift patterns and start times to avoid unsocial travel and working hours
- Avoid 12-hour shifts where possible
- Provide guidance on real living wage or above, in line with regional average pay rates to ensure you can attract and retain the best people
- Provide guidance on sick pay policy you would expect to be part of third party employment contracts and the mechanism for managing these costs
- Specify death in service benefit as a minimum requirement in third party employment contracts
- Consider allowances for season ticket loans and help with cycle to work schemes

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Making a difference

An employer's experience of introducing change

In July 2022 UniClean took over the contract to run Cleaning Services for The Beacon Shopping Centre in Eastbourne, taking on the 21 cleaners who had worked for the previous contractor. Having competed successfully against several national companies they understood that this was a challenging undertaking but as a local SME operating across Sussex and holding several contracts in Eastbourne, they had the benefit of existing local knowledge and resources. The contract, awarded by LGIM in partnership with JLL, presented an opportunity for all parties to focus on the social values of the contract and make a positive impact on the working conditions of the hidden team.

With the support of LGIM, UniClean made several positive changes to the employment terms of the cleaning team. From the start of the contract, pay for the whole team was increased to at least the rate of the Real Living Wage for the area. This meant a pay-rise for every member of the team. A new Employee Assistance Programme (EAP) provides free access to services such as video calls with GPs and support with mental health, along with discounts and offers from high street retailers. A Death in Service policy is included in the EAP so that every member of the team, part time or full time, qualifies for a lump sum payment of £50,000 made to their beneficiary, should they die while employed by UniClean. An Enhanced Sick Pay Scheme has been set up and included in the employees' terms and conditions giving each member of the team one period of fully paid sick leave in a twelve-month period and allowing for an additional element at the discretion of management.

The contract has now been running for four months and the team has settled into employment with UniClean. The initial uplift in hourly pay was well received but, by contrast, take-up of the services available under the EAP has been limited. Further training and guidance on the scheme will be provided through one-to-one discussions and team meetings to increase awareness of the benefits and help employees to make best use of it. There are plans in place to give workers regular and accessible information on topics such as mental health, healthy eating and exercise.

The response to the inclusion of the Death in Service was most positive from those with families and dependants. For some of these workers this meant a great deal as they saw that it would provide much-needed financial support for their loved ones should the worst happen.

The Enhanced Sick Pay Scheme has seen some positive results. One member of the team who contracted COVID with the first month of the contract was overjoyed to receive full pay while absent. This employee would probably have returned to work much earlier if they had lost pay while absent or had received only Statutory Sick Pay. As it was, they were able rest and recover and provide two negative test results before returning to work, thereby reducing the risk of infecting the rest of the team. But ensuring that the scheme is not abused has presented some management issues with some workers taking one or two days of absence within the first month, effectively using up their allowance for the year. Work is ongoing to address these challenges.

Several members of the team have long term health conditions which can make it hard for them to come to work consistently and reliably. For those who have been employed long term in cleaning roles or other traditionally low paid jobs, the opportunities for improving their quality of life and ensuring better overall health can be limited. Knowing that time off work will leave them financially vulnerable, they are generally reluctant to go to the doctor or seek medical advice. Our hope is that with better pay, supportive management, improved terms of employment and greater take-up of the EAP we can make a noticeable difference to the lives and health of these members of our team.

10. Response and Commitments

From Legal & General

As part of its commitment to drive positive social change in the UK, Legal & General commissioned this research to draw attention to the health inequalities that are faced by hidden workers in the UK. The correlation between health and wealth has become ever clearer, and the gap in life expectancies between rich and poor is widening. Businesses have a crucial role to play in tackling health inequality; as employers, providers of goods and services, as well as investors and innovators.

Legal & General is a significant buyer of security, reception, cleaning, landscaping and other services, and as such it has consulted with its supply chain partners and is undertaking an extensive review of its existing arrangements. As a result of this research, Legal & General has introduced a series of commitments to reduce health inequalities and improve the quality of life for the 'hidden workforce' across its real estate portfolio.

Legal & General has committed to the following changes across its real estate portfolio:

1. Introduce sick pay policies, without waiting days (currently 3 days until Statutory Sick Pay starts) and at same level as standard pay*
2. All workers will have access to virtual healthcare services (including GP appointments), using appropriate IT equipment to conduct the appointment in a quiet, private space
3. Death in service benefit as standard

Furthermore, Legal & General is conducting an additional review to ensure it is not simply offering the minimum statutory levels of pay, but is working towards the levels set-out by the Living Wage foundation and ensuring those earning just above the minimum thresholds are not ignored during this current cost of living squeeze.

Legal & General has already implemented change across a large portion of its real estate portfolio. Its investment management business, LGIM, which consists of c450 directly managed properties in the UK, has in 2022 already procured over £5 million per annum of security and cleaning contracts in line with these commitments. Further, the following partners have signed up to continue to deliver these changes in partnership with Legal & General during the course of 2023; Andron, Aston Services Group, Bellrock, Churchill, G4S, Mitie, Portico, Regular Cleaning Services, and Wilson James.

Alongside this our group real estate team via Mitie as our Facilities Management provider, has committed to implement these commitments and we will be working with our joint ventures to align in this area. By the end of 2023 we anticipate 90%, by value, of our supply chain partners in the facilities management sector will have adopted these new policies across our Group.

* Legal & General recognise the impact of these commitments on existing contracts and 3rd party suppliers own employment contracts. We will work closely with them to implement these changes through dialogue and agree consistent policies for the people working to support our businesses.

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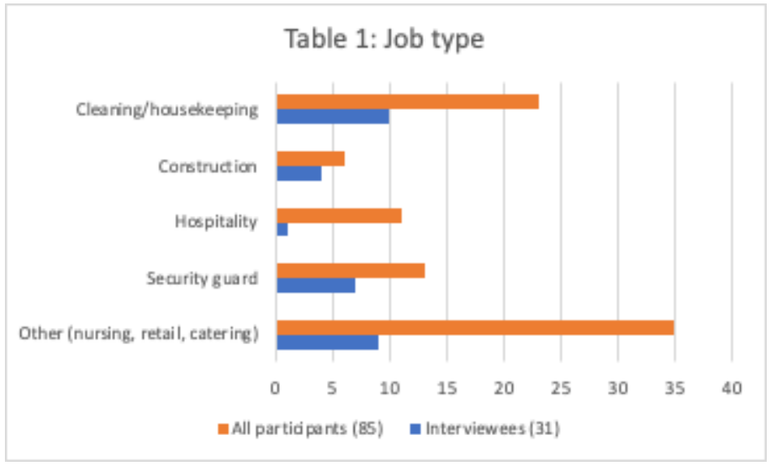
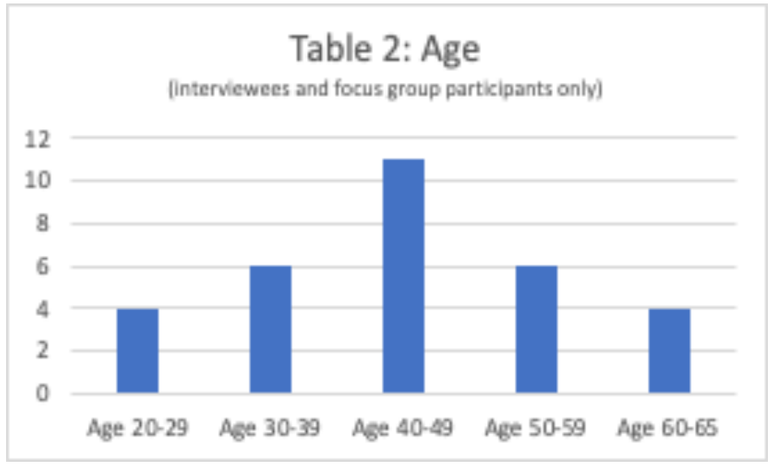
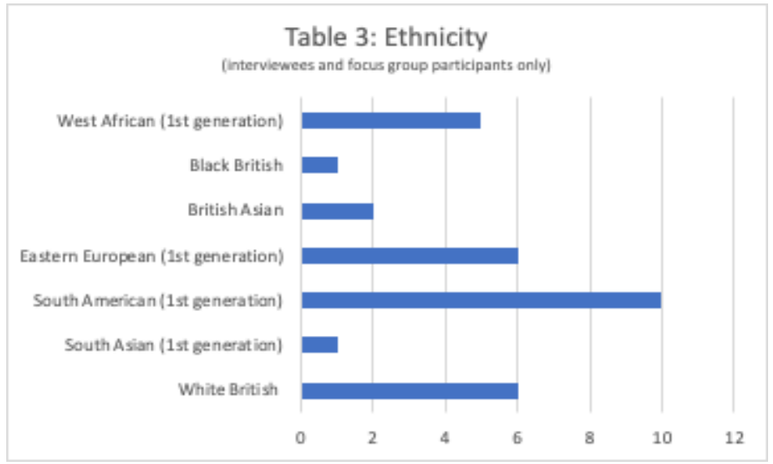
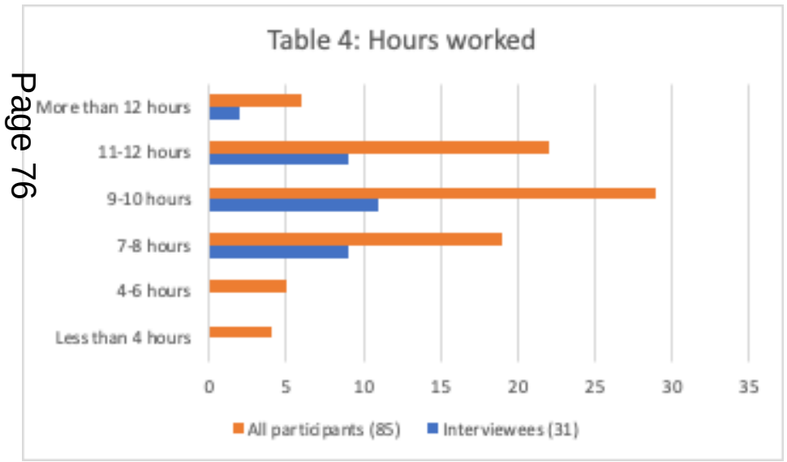
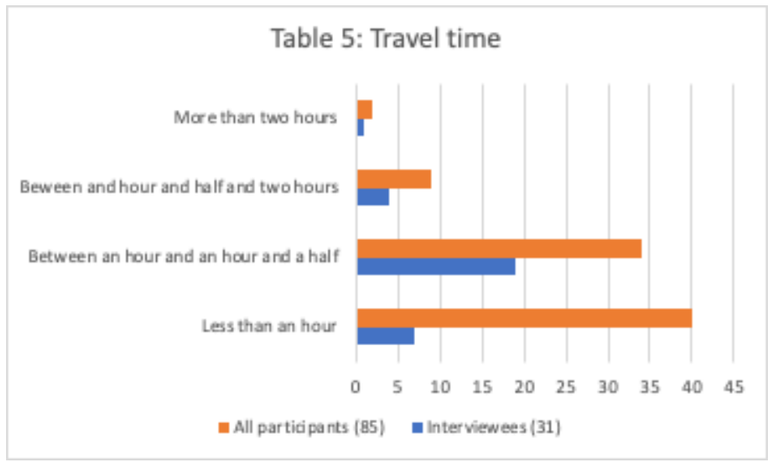
11. Tables











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